

CLIENT REQUEST FOR HIS/HER OWN RECORDS

HIPAA regulations allow our clients the right to view, inspect, amend, and request a copy of their health information. Although we have the right, under certain circumstances to deny such requests, our general practice, at Davis Behavioral Health, will be to comply with and grant such requests. A client must show picture identification before his/her records will be released.

DBH charges \$.50 per page for requested records.

If your household income is 100% or below the federal poverty level, you may receive, at no cost, a copy of your medical records.

Client Name: _____ Date of Request: _____

Full Address: _____

Phone Number: _____ Date of Birth: _____

Social Security Number: _____

Person Requesting the Records: _____

Reason for Requesting records (optional): _____

- Please mail the records**
- Please email the records to** _____

I will pick up the records

Information that you would like released:

- | | |
|--|--|
| <input type="checkbox"/> Complete Record | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Treatment Summary |
| <input type="checkbox"/> Initial Assessment | <input type="checkbox"/> Substance Use Treatment Notes |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Dates of Service |
| <input type="checkbox"/> Other – please specify: _____ | |

Photo ID copied

Signature: _____ Date: _____

Print Name: _____

Relationship to Client: _____

Witness: _____ Date: _____

**By signing this document, I agree to the following conditions as outlined by the HIPAA regulations:
 (Please see reverse side for details)**

Prior to release of records, your chart will be reviewed by a licensed mental health professional at Davis Behavioral Health.

DBH shall respond to all written requests for PHI within thirty (30) days, unless the information is not stored on a DBH site, then DBH shall respond to the request within sixty (60) days. If DBH is unable to respond within the time frames stated, then DBH shall respond within an additional 30 days, provided that the Privacy Officer gives you a statement in writing of the reasons that DBH is unable to respond within these time frames.

If your request for information is denied, the Privacy Officer shall give written notice to the requester of its denial for the request for PHI.

DBH shall arrange to allow the client to inspect or obtain a copy of the PHI at a convenient time and place. DBH may discuss the scope, format, and other aspects of the request for access with the client to facilitate timely provision of the information.

If you request copies of your record, or you agree to pay for a summary of your record, you will be charged reasonable, cost-based fees as follows:

- **\$.50 per page copied;**
- **postage**, when the client asks for the PHI to be mailed; and

If DBH denies access, in whole or in part, to your record, DBH shall:

Provide a written denial, which states: the basis of the denial; the client's rights to have a review of the denial; and how the client may appeal the deal (where applicable) or appeal to the Secretary of Health and Human Services.

Upon receipt of request for review of denial, DBH shall appoint an individual who was not involved in the initial denial to review the request. The reviewing professional shall promptly give a written response to the client's request to review.

Total number of pages copied: _____

Cost of the paper record (number of pages copies X .50): _____

Total Cost: _____

Records will be provided in paper format unless you would prefer that you receive your records in another manner.

I would like my information in another manner. Please explain:
