

PRINT

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone \_\_\_\_\_

I ask to:  Look at my records

Obtain a copy of the Health Information that Women's Health (BVWHC) has for me for the period of (fill in date) \_\_\_\_\_ to (fill in date) \_\_\_\_\_

Other, specify \_\_\_\_\_

**CONDITIONS**

**THIS REQUEST IS LIMITED BY LAW.** This request is subject to all of the limitations found in 45 C.F.R. 164.524.

**THIS REQUEST IS FURTHER LIMITED.** You do not have the right to ask for access to: psychotherapy notes; information which was compiled for a civil, criminal, or administrative action or proceeding; or information subject to the Clinical Laboratory Improvements Amendments of 1988.

**TIME FOR RESPONSE.** BVWHC has 30 days after receiving this request to answer and the right to extend the time for an additional 30 days if needed.

**PROVIDING ACCESS REQUESTED.** BVWHC only has to provide the record if the information can be produced easily and is in a form or format that can be read. BVWHC does not have to reformat information so that it is convenient for the person who asks for the information.

**TIME AND MANNER OF ACCESS.** If permission is given to look at the Health Information, a convenient time or place shall be agreed upon for inspection. If permission is given to obtain a copy, the information shall be mailed to requestor. BVWHC may limit the scope, format and other aspects of the information as needed to provide access in a timely way.

**FEES.** If a copy of the information is requested, BVWHC may charge a fee that includes the cost of: a) copying, including supplies and labor for copying and b) postage if a copy of the information or summary is mailed to the requestor.

**DENIAL OF A REQUEST FOR ACCESS.** If any part of a request for access is denied, an explanation will be provided in writing. It will contain: a) a reason for the denial; b) a statement of review rights, if applicable; and c) information of how to complain to BVWHC or to the Secretary of Health and Human Services (HHS).

**NO RIGHT TO ASK FOR A REVIEW OF A DENIAL.** You don't have a right to ask for a review when BVWHC denies a request if: a) you are asking for any information described in paragraph 2 above; b) if BVWHC was told to create the information by a correctional institution; c) the information involves research that is going on right now and as part of your consent to take part in the research, you agreed to deny access; d) the information was obtained from a third party under a promise of privacy and access could break that promise.

**RIGHT TO ASK FOR A REVIEW OF A DENIAL.** You do have a right to ask for a review by a second licensed healthcare professional chosen by BVWHC in the following cases: a) the initial denial was based on a determination by a licensed healthcare professional that access to the requested information is likely to endanger the life or physical safety of the client or another person; or b) the initial denial was based on the determination by a licensed healthcare professional that access to the requested information is likely to cause substantial harm to the client or a third person.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mail records:** Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Fax records:** \_\_\_\_\_

I will pick up my records on \_\_\_\_\_ at  **Boulder office**  **Longmont office**

ID checked / Date _____ Initials _____	Sent by _____ Date sent ____/____/____	RT	PHI
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