



# Care, Comfort & Compassion

**Subject:** REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION      **No. 1220A**      **Page 1 of 1**

**Section:** ACCESS, RIGHTS, AND ETHICS      **Date: 11/01/04**  
**Revised: 08/01/06**

## Request for Access to Protected Health Information

I, \_\_\_\_\_, hereby request a copy of

my health information

the health information of \_\_\_\_\_

Date of Birth \_\_\_\_\_

from the company for the period of \_\_\_\_\_. I understand if I am requesting the record of a deceased patient that I must have legal authority to act on behalf of the deceased or his or her estate. I understand that I may access my health information through any of the following methods. Please check the desired method:

- I prefer to inspect and/or copy the requested information in person and will arrange for a mutually convenient time to come to the company by calling the Administrator at the local office.
  
- I prefer to have the requested information copied and mailed to me at the following address: \_\_\_\_\_ I understand that I will be responsible for paying a per page copying fee of 20cents/page.
  
- I prefer to receive a written summary of the requested information for the nominal fee of \$25.00.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to the Deceased (if applicable)