

Alaska Spine Institute

PATIENT REQUEST FOR ACCESS TO HEALTH INFORMATION

SECTION A: Patient to complete the following information.

DATE: _____

PATIENT NAME _____ BIRTH DATE _____

PATIENT ADDRESS _____

PATIENT TELEPHONE NO. _____ ACCT NO _____

REQUEST:

I hereby request that **ASI** provide me with (**check all boxes that apply**):

- Access to My own copy of the requested information checked below:
- My medical records. Which includes anything generated by **ASI**. (Dictated notes, labs, therapies and procedures.
 - My billing records.
 - Any other personally identifiable information used by **ASI** to make medical decisions about me. Please describe: _____
 - I am interested in access to or obtaining a copy of all requested information maintained by **ASI**.
 - I am interested in accessing or obtaining a copy of the requested information relating to the following time period: _____ through _____
 - I am an **ASI** employee and have access to my personal medical records maintained by **ASI**.

I wish to receive the requested information in the following format:

Photocopies by Personal pick up Mail Fax _____

Signature of patient or legal representative _____

Printed name of legal representative _____

Relationship to patient _____

**Please allow 10 business days for processing your request.
Thank you.**

SECTION B: Medical Records Department to complete this section.

Request for access or copy is Accepted Denied

If denied, check the following reason for denial:

- PHI is not part of the patient's designated record set.
- Federal law forbids making the requested information available to the patient for inspection (eg/ CLIA or Privacy Act of 1974).
- The requested information is psychotherapy notes.
- The requested information has been compiled for legal proceeding.
- The requested information was obtained under promise of confidentiality and access would be reasonably likely to reveal the source of the information.
- The requested information is temporarily unavailable because the individual is a research participant.
- Licensed health care provider has determined that access to the requested information would result in physical harm to the individual or others.
- Licensed health care provider has determined that the requested information identifies a third person who may be physically, emotionally, or psychologically harmed if access to the information is granted.
- Licensed health care provider has determined that access to the requested information by the patient's legal representative could result in harm to the individual.
- We are acting under the direction of a correctional institution and letting the inmate access or obtain a copy of the requested information would jeopardize the health, safety, security, custody, or rehabilitation of another person at the correctional institution.
- The requested information is not maintained by our facility.

RIGHT TO REVIEW:

You do do not have the right to a review of this denial.

Contact Information _____

You do have a right to complain to the Secretary of the Department of Health and Human Services.

Staff Comments _____

Signature of staff person _____

Print name and title _____