

REQUEST FOR ACCESS TO HEALTH INFORMATION

(Release to patient)

Name:

(Last)

(First)

(MI)

(Maiden or other)

Date of Birth:

SS#

Chart#

Address:

City:

State:

Zip:

Day phone:

Evening phone:

I HEREBY REQUEST access to inspect or obtain a copy (check the box that applies) of the following health information held by Planned Parenthood League of Massachusetts:

Entire Medical Record,

or check the appropriate box(s)

Abortion Procedure/Information Session records and related lab reports only

Records from most recent visit and related lab reports only

Records relating to Pap Smears (including follow-up and treatment)

HIV related information (AIDS-related testing) only

STD Test results only

Radiology reports (e.g. ultrasounds) only

Lab reports only

Other: _____

DATES:

CONDITIONS

1. **THIS REQUEST IS LIMITED BY LAW.** This request for access to inspect or obtain a copy of health information is subject to all of the limitations found at 45 C.F.R. 164.524.

2. **THIS REQUEST IS FURTHER LIMITED.** There is no right to request access to inspect or obtain a copy of: a) Psychotherapy notes; b) Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; or c) Information subject to the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. 263a or any exceptions found at 42 C.F.R. 493.3(a)(2)).

3. **TIME FOR RESPONSE.** Planned Parenthood League of Massachusetts has up to 30 days after receipt of this request to respond and the right to extend the time for response for an additional 30 days.

4. **PROVIDING ACCESS REQUESTED.** Planned Parenthood League of Massachusetts is obligated to provide access only if the information is readily producible in a readable form or format. Planned Parenthood League of Massachusetts is not obligated to reformat information in a form that is convenient for the requestor.

(Please turn to other side.)

O Greater Boston Center
1055 Commonwealth Avenue
Boston, MA 02215-1001
(617) 616-1600
(800) 258-4448
Fax (617) 616-1617

O Central Massachusetts Center
631 Lincoln Street
Worcester, MA 01605-2010
(508) 854-3300
(800) 258-4448
Fax (508) 854-3310

O Western Massachusetts Center
3550 Main Street Suite 201
Springfield, MA 01107
(413) 732-1620
(800) 258-4448
Fax (413) 739-5812

O Plan: A Planned Parenthood Express Center
Davis Square Plaza
260 Elm Street, Suite 109
Somerville, MA 02144
(617) 616-1600
(800) 258-4448
Fax (617) 623-0085

5. **TIME AND MANNER OF ACCESS.** If access to inspect is granted, a convenient time or place shall be agreed upon for inspection. If access to obtain a copy is granted, the information shall be mailed to requestor. Planned Parenthood League of Massachusetts may limit the scope, format and other aspects of the information as necessary to facilitate timely access. Additionally, if agreed to in advance, Planned Parenthood League of Massachusetts may provide a summary of the requested information, in lieu of providing access to the information. **Requests take 10-15 business days to process.**
6. **FEES.** If a copy of the information is requested, Planned Parenthood League of Massachusetts may impose a reasonable fee that includes the cost of: a) Copying, including the cost of supplies and labor for copying the requested information; b) Postage if a copy of the information or a summary is mailed to the requestor; and c) Preparing an explanation or summary of the health information (if agreed upon).
7. **DENIAL OF A REQUEST FOR ACCESS.** If a request for access is denied, in whole or in part, a written explanation will be provided that contains: a) An explanation of the basis of the denial; b) A statement of review rights, if applicable; and c) A description of how the requestor may complain to Planned Parenthood League of Massachusetts or to the Secretary of Health and Human Services (“HHS”).
8. **NO RIGHT TO ASK FOR A REVIEW OF A DENIAL.** There is no right to ask for a review if Planned Parenthood League of Massachusetts denies a request for access to: a) Any information described in paragraph 2 above; b) If Planned Parenthood League of Massachusetts created the information while acting under the direction of a correctional institution; c) The information involves research that is in progress and denial of access was agreed to as part of your consent to participate in the research; or d) The information was obtained from a third party under a promise of confidentiality and access would likely reveal the source of the information.
9. **RIGHT TO ASK FOR A REVIEW OF A DENIAL.** There is a right to ask for a review by a second licensed healthcare professional designated by Planned Parenthood League of Massachusetts of a denial of a request for access under the following circumstances: 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 requestor 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 requestor or a third person.

Signature: _____

Date: _____

or

Parent / Legal Guardian / Authorized Person: _____

Date: _____