



Six Rivers Planned Parenthood®  
 3225 Timber Fall Court  
 Eureka, CA 95503  
 707-442-5700  
 707-442-6681 FAX

PO Box 1416  
 Weaverville, CA 96093  
 530-623-2386  
 530-623-3240 FAX

**REQUEST FOR ACCESS TO HEALTH INFORMATION**

Patient Name (please print) : \_\_\_\_\_  
LAST FIRST MI MAIDEN OR OTHER

Address (if mailing records): \_\_\_\_\_  
STREET CITY STATE ZIP

Date Of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ SS#: (Optional) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Medical Record #: \_\_\_\_\_  
MO DAY YR

Phone: \_\_\_\_\_ PP OK? \_\_\_\_\_

**I HEREBY REQUEST access to inspect  or obtain a copy  (check the box that applies) of my health information held by Six Rivers Planned Parenthood for the period of \_\_\_\_\_ (fill in date) to \_\_\_\_\_ (fill in date).**

- All records within the time frame above
- OR just --
- Most recent annual exam (including breast exam, pap, pelvic, progress notes)
- Most recent Pap smear & STD screening test results
- Last birth control method used
- All abortion related services
- HIV test results
- Other \_\_\_\_\_

**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.** Six Rivers Planned Parenthood 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.** Six Rivers Planned Parenthood is obligated to provide access only if the information is readily producible in a readable form or format. Six Rivers Planned Parenthood is not obligated to reformat information in a form that is convenient for the requestor.

**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. Six Rivers Planned Parenthood may limit the scope, format and other aspects of the information as necessary to facilitate timely access. Additionally, if agreed to in

advance, Six Rivers Planned Parenthood may provide a summary of the requested information, in lieu of providing access to the information.

**6. FEES.** If a copy of the information is requested, Six Rivers Planned Parenthood 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 six Rivers Planned Parenthood 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 Six Rivers Planned Parenthood denies a request for access to: a) Any information described in paragraph 2 above; b) If Six Rivers Planned Parenthood 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 six Rivers Planned Parenthood 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 of Applicant**

[Or] \_\_\_\_\_  
**Signature of Personal Representative,  
if required by state law**

\_\_\_\_\_  
**Date**

Signature Verified by \_\_\_\_\_ (Staff Initials) **OR**  Identification Presented (Form of Identification) \_\_\_\_\_

**(STAFF) Witness Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FOR SRPP OFFICE USE ONLY**

Records Faxed \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_ Records Re-Faxed \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_

Patient to Pick up on: \_\_\_\_\_ Handcarried \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_

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