REQUEST FOR ACCESS TO HEALTH INFORMATION

I HEREBY REQUEST access to inspect or obtain a copy (check the box that applies) of my health information held by PP of Western Pennsylvania for the period of _____ (fill in date) to _____ _(fill in date).

I specifically authorize release of my HIV related information (AIDS related testing)

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. PP of Western Pennsylvania 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. PP of Western Pennsylvania is obligated to provide access only if the information is readily producible in a readable form or format. PP of Western Pennsylvania 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. Due to security concerns PPWP discourages the client from requesting copies of medical records to be sent via fax.

PP of Western Pennsylvania may limit the scope, format and other aspects of the information as necessary to facilitate timely access. Additionally, if agreed to in advance, PP of Western

Pennsylvania 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, PP of Western Pennsylvania 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 PP of Western Pennsylvania 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 PP of Western Pennsylvania denies a request for access to: a) Any information described in paragraph 2 above; b) If PP of Western Pennsylvania 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 PP of Western Pennsylvania 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.

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Signature Of Applicant	**[Or] Signature of Personal Representative, if required by state law**

_____

Date