

**I HEREBY REQUEST access to:**

- Inspect, or;
- obtain a copy of my health information held by PPNNE;
- for the complete chart, or;
- for the period of; \_\_\_\_\_ (fill in date) to: \_\_\_\_\_ (fill in date)
- for most recent visit;
- for diagnostic test results.

**1. THIS REQUEST HAS SOME LIMITATIONS:**

If we feel that some of the health information may cause you substantial harm, we will request that either you, or an authorized representative of your choosing review the records with a health care provider.

**2. TIME FOR RESPONSE:**

PPNNE has up to 30 days to respond after receiving this request and may ask for an additional 30 days if the records are not easy to locate.

**3. TIME AND MANNER OF ACCESS:**

If access to look at records is granted, an appointment will be made with a staff member to review the chart together. If access to obtain a copy is granted, the records can be obtained in person or mailed. If agreed to ahead of time, PPNNE may provide a summary of the requested information, instead of providing the complete record.

**4. DENIAL OF A REQUEST FOR ACCESS:**

If a request for access is denied to you directly, you may request, in writing, the name of a family member or friend to act as your authorized representative. We will review the records with this authorized representative.

- If the request is accepted, I will pick up my records when they are ready. Please call me at the following phone number \_\_\_\_\_.
- If the request is accepted, please send my records to the following address;

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

**Patient Name (please print):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Patient Address (please print):** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

- Request for records has been accepted.
- Request for records has been denied. A licensed healthcare professional has determined, using professional judgment, that releasing the information directly to you, might cause you substantial harm. Please call our office to set up a time for you or an authorized representative to review your records together with a health care provider.

**RIGHT TO FILE A COMPLAINT.** Any one denied access to health information has the right to file a complaint with PPNNE or with the Secretary of the Department of Health and Human Services ("HHS").

**A. Complaints With PPNNE:**

Complaints must be in writing and sent to the Privacy Official of PPNNE. You will not be penalized for filing a complaint.

**B. Complaints With The Secretary of HHS:**

You may also submit a complaint with the Secretary of HHS within 180 days of the date you were refused access to the records.