



Planned Parenthood of the St. Louis Region  
and Southwest Missouri and Affiliated Corporations

### PPSLRSWMO Request for Access to Health Information

#### 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 Planned Parenthood of the St. Louis Region and Southwest Missouri and Affiliated Corporations (“Planned Parenthood”):

For the period of: \_\_\_\_\_ (fill in date) to \_\_\_\_\_ (fill in date).

OR

The following specific information (describe): \_\_\_\_\_  
\_\_\_\_\_

I request that the information be provided in the following format:

- Paper copies
- Electronic copies (available only for information maintained electronically)

Requested form and format for electronic copies:

- Copied onto a USB/flashdrive for mail out or pick up
- Copied onto a CD for mail out or pick up
- Emailed to you at the following email address (please print clearly):  
\_\_\_\_\_

File preference, if any (for example: MS word, PDF, Excel) \_\_\_\_\_

I request that the information be sent directly to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**IF YOU WISH HEALTH INFORMATION TO BE SENT TO YOU VIA EMAIL, PLEASE READ THE INFORMATION IN PARAGRAPH ONE OF THIS FORM ON THE RISKS OF RECEIVING EMAIL.**

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### **CONDITIONS**

1. **RISKS OF USING E-MAIL** to receive your health records: E-mail may not be reliable, secure, or private. For example:
  - E-mail can be hacked. (Unauthorized people can intercept it, alter it, or use it).
  - E-mail can be sent to the wrong person, lost, or subject to other sending errors.
  - E-mail may come from someone other than the named sender.
  - E-mail is easier to fake than handwritten, signed papers.
  - Anyone with access to an e-mail account will have access to all messages in that account. This includes those who have permission to use the e-mail account as well as those who don't.
  - Anyone who gets or has access to an e-mail can read, forward, copy, delete, or change it. This includes those who have permission to use the e-mail account as well as those who don't.
  - Any deleted e-mails can be found again.
  - E-mail services have a right to save and check e-mail sent through their system.
  - E-mail can spread viruses.
  - You should not receive your health information via email if people who you don't want to view your medical information have access to your e-mail account.
  
2. **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.
  
3. **THIS REQUEST IS FURTHER LIMITED.** There is no right to request access to inspect or obtain a copy of: a) Psychotherapy notes; or b) Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
  
4. **TIME FOR RESPONSE.** 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.
  
5. **PROVIDING ACCESS REQUESTED.** Planned Parenthood is obligated to provide access only if the information is readily producible in a readable form or format. Planned Parenthood is not obligated to reformat information in a form that is convenient for the requestor.
  
6. **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 may limit the scope, format and other aspects of the information as necessary to facilitate timely access. Additionally,

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

*Electronic copies:* if your health information is maintained electronically, you may request an electronic copy. We will provide it in the format you request (for example, pdf, word file) if the information is readily reproducible in that format. If it is not, we will try to offer you the information in another electronic format. If we cannot offer an electronic format that is acceptable to you, we will provide you with the Health Information in paper copies.

If you request, we will provide you electronic copies via email, but this may not be a secure method of transmission. Please read the facts in paragraph one of this form before having your records emailed.

**7. FEES.** If a copy of the information is requested, Planned Parenthood may impose a reasonable fee that includes the cost of: a) Copying, including the cost of supplies (including the costs of portable electronic media such as CD or USB to make electronic copies) 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).

**8. 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 or to the Secretary of Health and Human Services (“HHS”).

**9. NO RIGHT TO ASK FOR A REVIEW OF A DENIAL.** There is no right to ask for a review if Planned Parenthood denies a request for access to: a) Any information described in paragraph 2 above; b) If 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.

**10. 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 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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**If you are requesting that your information be sent to you by email**, you further acknowledge and agree to the risks of transmitting and receiving your information by email, as disclosed in paragraph one of this form, and you agree to release and hold harmless Planned Parenthood from any liability that may result from using e-mail to communicate with you or another person you may have designated to receive emails that include your Health Information. This includes, but is not limited to, breaches of confidentiality or privacy that may come from using e-mail (except as required by law).

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**Signature Of Applicant**

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

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**Date of Birth**

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**Date**