

PLANNED PARENTHOOD OF GREATER TEXAS

REQUEST FOR ACCESS TO HEALTH INFORMATION

Name
DOB
MR #

I hereby request access to [] inspect or [] obtain a copy of my health information held by Planned Parenthood of Greater Texas ("PPGT") for the period of _____ to _____.

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

- [] Paper copies
[] Electronic copies (available only for information maintained electronically)
[] Emailed to you or another person (see below)
[] Alternate format

Telephone number where staff can reach you to process request: _____

I request that the information be sent directly to [] me or [] another person:

Name
Address
Email

If you wish for your health information to be sent to you or someone else via email, please read the information below regarding the risks of using email.

RISKS OF USING EMAIL to receive your health records: Email may not be reliable, secure, or private.

- Email can be hacked. (Unauthorized people can intercept it, alter it, or use it).
Email can be sent to the wrong person, lost, or subject to other sending errors.
Email may come from someone other than the named sender.
Email is easier to fake than handwritten, signed papers.
Anyone with access to an email account will have access to all messages in that account. This includes those who have permission to use the email account, as well as those who don't.
Anyone who gets or has access to an email can read, forward, copy, delete, or change it. This includes those who have permission to use the email account, as well as those who don't.
Any deleted emails can be found again.
Email services have a right to save and check email sent through their systems.
Email 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 email account.

This list is not all inclusive, other risks may exist.

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.

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)).

TIME FOR RESPONSE. PPGT has up to 15 days after receipt of this request to respond.

PROVIDING ACCESS REQUESTED. PPGT is obligated to provide access only if the information is readily producible in a readable form or format. PPGT is not obligated to reformat information in a form that is convenient for the requestor.

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. PPGT may limit the scope, format, and other aspects of

PLANNED PARENTHOOD OF GREATER TEXAS

the information as necessary to facilitate timely access. Additionally, if agreed to in advance, PPGT 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 or 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.

At your request, we will provide you electronic copies via email, but this may not be a secure method of transmission. Please read the RISKS OF USING EMAIL facts on this form before having your records emailed.

FEES. If a copy of the information is requested, PPGT may impose a reasonable fee that includes the cost of: a) copying, the cost of supplies (including the costs of portable electronic media such as CDs 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).

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

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

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 PPGT 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.

If you are requesting that your information be sent to you or another person by email, you further acknowledge and agree to the risks of transmitting and receiving your information by email, as disclosed in this form, and you agree to release and hold harmless PPGT 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 email (except as required by law).

Printed Name of Applicant

or

Printed Name of Personal Representative

Signature of Applicant

or

Signature of Personal Representative
 (as/if required by law)

Date

Date

FOR OFFICE USE ONLY	
Date request filed	
ID presented <input type="checkbox"/> yes Form of ID <input type="checkbox"/> TX driver's license <input type="checkbox"/> school ID <input type="checkbox"/> other <input type="checkbox"/> no, verified identity with name, DOB and another personal identifier	
Verification that there is not an alert in EHR concerning the release <input type="checkbox"/> no alert <input type="checkbox"/> alert present, contacted Privacy Official on:	
REQUEST <input type="checkbox"/> approved <input type="checkbox"/> denied If denied, Privacy Official notified on:	
Records provided <input type="checkbox"/> by mail <input type="checkbox"/> in person <input type="checkbox"/> email <input type="checkbox"/> other:	
Date records provided	
By staff member	