



REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION BY INDIVIDUALS

Date of Request: _____

Individual (Patient) Name: _____

Date of Birth: _____ SSN: _____

Address: _____

Telephone Number: (H) () _____ (W) () _____

Medical Record No.: _____

If you are requesting a copy of your record(s) (or any part thereof), would you like your record(s) to be mailed to you at the above address: ___Yes ___No

 Clinical Records:
Physicians providing care:
Date(s) of service:

 Billing Records:
Physicians providing care:
Date(s) of service:

Signature of Individual or Personal Representative

Date

Relationship if Other than Individual: _____

Method of Identity Verification: (completed by WU)
For Individual:
 Individual known to WU Picture ID of Individual
 Match of Individual Signature with WU documents
For Requesting Party other than Individual: (Both Required)
 Picture ID of Requesting Party
 Letter of authorization from Individual

Signature of WU Staff Verifying Identity: _____

Processing Your Requested Information:

Washington University may charge a fee for the copying of requested Protected Health Information (PHI). This fee will be based on the cost of the labor and supplies involved in copying the requested PHI, the postage for mailing the copies to you, and a retrieval fee to

obtain the requested PHI. In addition, if you request a summary of the requested PHI in lieu of or in addition to the copies, Washington University may charge you a reasonable cost for the preparation of a summary. Washington University will, however, inform you of the cost of preparing a summary in advance of its preparation. If you do not want the requested records mailed, you may pickup your records after thirty (30) days, unless Washington University has notified you that an extension of time is required.

Washington University will respond to your request for PHI within 30 days of our receipt of your request. If, however, your health information is not readily accessible by Washington University or is maintained in an off-site storage location, Washington University has 60 days to respond to your request. If it requires additional time to respond to your request, Washington University will contact you to inform you of this extension of time.

We appreciate your patience while we process your request.

Washington University Use Only:

Date Received: _____

Date Access Granted: _____

Date Access Denied: _____ (Must Complete Denial of Access Form)