



REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

I. INDIVIDUAL DATA:

INDIVIDUAL'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

II. NATURE OF REQUEST FOR ACCESS

A. I wish: ☐ To inspect ☐ To have a copy of the following protected health information:

☐ My enrollment records

☐ My payment records

☐ My claims adjudication management records

☐ Any other protected health information used by Wake Forest Drug to make medical decisions about me. Please describe:

B. I wish to receive a copy of the requested protected health information in the following format:

☐ Photocopies

☐ Electronic transmission (if available)

☐ Other

C. I want you to mail the copies of my protected health information to the following address:

I understand that Wake Forest Drug may charge me for the postage.

III. CONDITIONS GOVERNING THE REQUEST FR ACCESS:

- A. Under the Standards for the Privacy of Individually Identifiable Health Information (often called the "Privacy Rule"), Wake Forest Drug and its Business Associates are required to permit an individual to inspect and obtain a copy of his/her protected health information that Wake Forest Drug or its Business Associates maintain in a "designated record set." Under the Privacy Rule, a designated record set is a group of records maintained by Wake Forest Drug and its Business Associates that are the medical records and billing records about individuals maintained by or for Wake Forest Drug and any other records that may be used to make health care decisions about individuals.
- B. The individual is not, however, entitled to inspect or obtain a copy of any psychotherapy notes that Wake Forest Drug may have, any information Wake Forest Drug may have compiled in anticipation of or for use in any civil, criminal, or administrative proceeding, and certain other records, even if such records are in a designated record set.

Signature of Individual or Personal

Representative: _____

Date: _____

Name of Individual or Personal

Representative: _____

Description of Personal Representative's

Authority: _____

The individual will be charged \$_____ per page for any copies made and a postage charge if copies are mailed to the individual. Wake Forest Drug will calculate the charge of the individual's request, and notify the individual of the amount due before Wake Forest Drug processes the request. If the individual chooses not to pay the charge, the request for access will be considered cancelled.

There is no charge to the individual to inspect his/her records on Wake Forest Drug's premises.