

HIPAA Patient Access Request

I, _____, request that a copy of my Requested Health Information (as defined below) that is maintained by _____ be sent to the Destination (as defined below). I understand that the Health Insurance Portability and Accountability Act (HIPAA) gives me the right to access the medical and health information (protected health information or PHI) about me and the right to have that PHI transmitted directly to a person designated by me if I indicate as such.

Patient Identifying Information

FULL NAME	MAIDEN/OTHER NAME	DATE OF BIRTH
ADDRESS		
PHONE NUMBER	EMAIL ADDRESS	

Covered Entity Information

PERSON OR FACILITY NAME	ADDRESS
-------------------------	---------

Requested Health Information

--

Include the following sensitive information:

- | | |
|--|--|
| <input type="checkbox"/> HIV Test Results | <input type="checkbox"/> Genetic Test Results |
| <input type="checkbox"/> Substance Abuse Information | <input type="checkbox"/> Behavioral/Psychiatric Notes |
| <input type="checkbox"/> Pregnancy Test Results | <input type="checkbox"/> Sexually Transmitted Disease Test Results |

Destination and Delivery Method

Please send the Requested Health Information to <input type="checkbox"/> me <input type="checkbox"/> _____ via:

Signed By

SIGNATURE	SIGNER / RELATIONSHIP TO PATIENT	DATE
-----------	----------------------------------	------

If there are any questions about this access request, please contact me by phone at _____ or by email at _____.

This is a HIPAA-compliant **Patient Access Request**. Per Health & Human Services guidance, all covered entities must act on this request within 30 days. For more information, visit:

www.patientbank.us/form

Background Information Regarding This Form

This is a **Patient Access Request**. Under HIPAA, patients have a federal right to receive a copy of Protected Health Information in their designated record set.

A **Patient Access Request** is not the same as a Patient Authorization. The only elements that HIPAA requires in a **Patient Access Request** are that:

the request must be in writing, signed by the individual, and clearly identify the designated person or entity and where to send the PHI.

45 CFR 164.524(c)(3)(ii)

Per Guidance from HHS, a provider is not permitted to require use of an Authorization if a patient submits a **Patient Access Request**. Per HHS,

a HIPAA authorization is not required for individuals to request access to their PHI, including to direct a copy to a third party.

(<https://www.hhs.gov/hipaa/for-professionals/faq/2033/when-do-the-hipaa-privacy-rule-limitations-on-fees/index.html>)

Unlike a HIPAA Authorization, a provider must act on a **Patient Access Request** within 30 days, and any fees charged to patients must be within the strict limits set by HIPAA.

For more information on the **Patient Access Request** form, please visit www.patientbank.us/form or the HHS Guidance at <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/>.