

REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION (PHI)

Please submit this request to: medicalrecords@summitstonehealth.org

Client's Name (Please Print): _____ **Client's DOB:** _____ **Client MRN:** _____

Please indicate what PHI/medical record information is being requested:

<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Attendance Dates/Scheduling	<input type="checkbox"/> Intake	<input type="checkbox"/> Treatment Plan(s)
<input type="checkbox"/> Medications	<input type="checkbox"/> Lab Reports/UA-BA Results	<input type="checkbox"/> Demographics	<input type="checkbox"/> Housing/Employment Notes
<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Psychiatric Progress Notes	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Therapy Progress Notes*

**These notes may contain sensitive health information and may require a meeting with therapist prior to release.*

Other: _____

Date(s) of service: _____ to _____

SummitStone Health Partners (“SummitStone”) will approve or deny this request within 30 days of receiving this properly completed form. If needed, SummitStone may extend this 30-day time period and you will receive notification. SummitStone requires the authorized individual requesting PHI, to show photo I.D. upon receiving information requested. Therapy Progress Notes may contain sensitive health information and may required a meeting with a therapist prior to releasing.

I choose the following method of access to the medical record:

- Arrange a date, time and location to inspect the record.
- Have copies of the record made available to me, and I agree to pay copying charges, which are not to exceed \$18.53 for the first ten pages or fewer, \$.85 per page for pages 11-40, and \$.57 per page for every additional page. If mailed to me, I agree to pay the additional cost of postage.
- To receive only electronic copies, and I agree to pay the flat fee of \$6.50.

 Signature of Client or Client's Legal Guardian

 Date

 If not Client, Print Name

 Relationship to Client

Mailing Address:

Phone Number:

 Okay to leave voicemail? _____