Inspire Dentistry of the Carolinas
Request for Access to Personal Health Information

Patient Name: _____ DOB: _____

Address: _____

City-State, Zip: _____

Home Phone: _____ Work Phone: _____

☐ I would like a copy of my health information – I understand I may be charged a reasonable cost based fee.
☐ I would like to review my health information
☐ I would like for my health information to be provided to a third party:
- Name of third party: _____

Please specify the records included in this request:

_____

_____

Select the format you would prefer:

☐ Paper
- ☐ Mail to above address
- ☐ Will pick up at the practice

☐ Electronically
- ☐ Flash Drive/CD
- ☐ Email

☐ Fax Number: _____

- Email address: _____
- For **email communication,** I understand that if information is not sent in an encrypted manner there is a risk it could be accessed inappropriately. By providing my email address I elect to receive email communication as requested.

☐ I would like a written summary of the requested information. I understand that I may be charged a reasonable cost based fee.

You will receive notification regarding this access request no later than 30 days from the date received. There are limited circumstances in which your request may be denied, some of which you may have the right to request a review of the decision.

_____Date _____
Signature of Patient or Personal Representative

*Description of Personal Representative's Authority (attach necessary documentation)

Forward this request to Privacy Officer or Office Manager

For office use only:

Date Received: _____ By: _____

☐ Request Accepted ☐ Request denied

If denied, provide reason(s):

Reviewable grounds:

- ☐ The access is reasonably likely to endanger the life or physical safety of the individual or another person
    - This ground for denial does not extend concerns that the individual will not be able to understand the information or may be upset by it
- ☐ The access requested is reasonably likely to cause substantial harm to a person (other than a health care provider) referenced in the PHI
- ☐ The provision of access to a personal representative of the individual that requests such access is reasonably likely to cause substantial harm to the individual or another person

Unreviewable grounds:

- ☐ Request is for psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a legal proceeding
- ☐ An inmate requests a copy of their PHI and providing the copy would jeopardize the health, safety, security, custody, or rehabilitation of the inmate or other persons at the institution. An inmate retains the right to inspect their PHI
- ☐ The PHI is part of a research study still in progress provided the individual agreed to the temporary suspension of access
- ☐ The PHI was obtained by someone other than a health care provider (e.g., a family member of the individual) under a promise of confidentiality and providing access to the information would be reasonably likely to reveal the source of the information.

Date individual notified: _____ By:_____

Date information provided as requested

☐ Mailed: _____ ☐ Faxed: _____

☐ Emailed: _____ ☐ Placed on patient portal: _____

☐ Picked up in the office: _____ ☐ Other: _____