

Request for Access to Health Information

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As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) you have a right to request the opportunity to inspect and copy health information that pertains to you. We will evaluate your request and will either grant it or explain the reason why the request will not be granted. Your right to access does not extend to information compiled in reasonable participation of, or for use in, a civil, criminal or administrative action or proceeding, or to information we received in confidence from someone other than another health care provider.

I hereby request access to health information for:

(Print Individual's name and address)

TYPE OF ACCESS REQUESTED

Inspection. Please let me know when I may come to inspect the records.

I understand that an employee of UCAR may be present and that I may not make any marks or alter the records in any way.

Copies. I would like copies of all records requested.

I would like the information in the following form or format:

Signature

Date

Print name

Telephone

If not signed by the employee or spouse, please indicate relationship:

parent or guardian of minor child

guardian or conservator of an incompetent individual

beneficiary or personal representative of deceased individual

other (specify)

Name of Individual: _____

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