

REQUEST TO ACCESS PROTECTED HEALTH INFORMATION

Patient Name: Last First MI Previous Name Date of Birth

I request that Waverly Health Center provide me with access to my Protected Health Information (PHI) checked below:

- Most recent History and Physical, Most recent discharge summary, Most recent Emergency Room report, Laboratory, Test results, X-ray and imaging reports, Clinic records, Billing info, Other

Type of Access Requested: Paper CD Fax (limited 40 pages)

Encrypted e-mail address - To protect the confidentiality of your PHI: Provide e-mail address

Un-Encrypted e-mail address - If you want your PHI sent in an un-encrypted e-mail and you understand and accept the risk of your PHI sent in this unprotected manner, please initial here:

I will pick up the copies I authorize to be picked up by Name of person and relationship

Mail the copies to: Self Other (list name) Address/City/State/ZIP:

Inspection of my health information - Please contact Health Information Management at (319) 352-4120, extension 2001, to arrange a mutually convenient time.

Signature of Patient or Patient’s Authorized Representative Date

If signed by patient’s representative, please PRINT representative’s name and describe his/her authority.

Representative’s name Authority: Parent Guardian Power of Attorney Other

Internal Use Only: Approve access Deny access, Choose one type of record and one method of delivery, Identification verified, Released by/Department, Comments

