

Request for Patient Access to Health Information

Rose Women's Health, Inc. 289 W. Huntington Dr. Suite 305 Arcadia, CA 91007

Nicole Jensen, Privacy Officer (626) 461-7071

As required by the Health Insurance Portability and Accountability Act of 1996 and California law, 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.

NOTE: The Final HIPAA "Omnibus" Rule effective March 26, 2013, extends access rights to PHI maintained electronically in one or more designated record sets. For most medical practices this would apply to your practice management system or EHR and perhaps other systems. If this is applicable to your medical practice, add this statement.

"Because Rose Women's Health uses and/or maintains an electronic health record ('EHR') and/or other systems to maintain your protected health information electronically, we must provide you a copy of your protected health information that is maintained by the EHR or other systems in electronic format, if you so desire, and in the format you chose if that format is readily producible."

I hereby request access to health information for:

(Print Patient's name and address)

Date of Birth: _____

SCOPE OF ACCESS REQUESTED

I would like access to: All the records **or**
 The portion of the records concerning:

(Specify type of disease, accident, dates of treatment, or other portion of records you are interested in.)

TYPE OF ACCESS REQUESTED

- Copies. I would like copies of: All records requested **or**
 - All records other than X-rays or tracings
- Transfer. Please transfer All records requested **or**
 - Original X-rays or tracings only

To: _____

(Name and address of health care provider or other individual to whom the records are to be delivered; if by email please insert the email address)

*If you would like **electronic copies**, please complete all the following:*

- I would like the information specifically defined above in the following form or format if it is readily producible in this form: PDF File on a USB thumb drive provided by the patient
- I would like the electronic copies delivered as follows:

PICK ONE

- Held at the front desk so I can pick them up
- Mailed to me at: _____

CHARGES FOR RECORDS OBTAINED FROM ROSE WOMEN’S HEALTH

Hard Copies. I understand that you may charge me a reasonable charge of up to twenty-five cents (\$0.25) per page and administrative cost to retrieve the records from external storage. I further understand that you may charge me your actual costs for copies of any ultrasounds or tracings derived from electronic fetal monitoring (EFM), or impose a reasonable deposit fee as a condition of this transfer.

Electronic records. I understand that you may charge me a reasonable cost based fee for the skilled labor and technical skill to produce the electronic copy, as well as the cost of supplies for providing electronic media in the format you have requested or agreed to.

Mailing. I understand that you may also charge me postage or courier fees if I have requested the copies or electronic media be delivered to me or a third party in that method.

- I hereby agree to pay the charges specified above. Please bill me.
- Please call me to let me know how much these copies will cost.
- I am requesting these records be provided without charge to appeal the denial of eligibility for Medi-Cal, SSDI or SSI/SSP benefits. A copy of the program's denial notice is attached. I applied for these benefits on _____ (date).

Signed: _____ **Date:** _____

Print Name: _____ **Telephone:** _____

If not signed by the patient, please indicate relationship:

- parent or guardian of minor patient (to the extent minor could not have consented to the care)
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient