

ACHS - Littleton

25 Mount Eustis Road Littleton, NH 03561

6034442464 Fax: 6034445209

Website: www.ammonoosuc.org

Individual Request for Access to Personal Health Information

As provided by the Health Insurance Portability and Accountability Act, you have a right of access to inspect and obtain a copy of your health information contained in a designated record set. This right does not apply to:

- 1) Psychotherapy notes;
- 2) Information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding; and
- 3) Protected health information that is:
 - a) Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 USC 263a, to the extent the provision of access to you would be prohibited by law; or
 - b) Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2)

Name:

DOB:

Address:

Please indicate specifically the information to which you are requesting access:

- | | | |
|--|---|--|
| <input type="checkbox"/> Office Notes | <input type="checkbox"/> Imaging Reports | <input type="checkbox"/> Operative/Procedure Reports |
| <input type="checkbox"/> Medication List | <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Advanced Directives |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Prescription Information | <input type="checkbox"/> Dental Records |
| <input type="checkbox"/> Lab Results | <input type="checkbox"/> Consultation Reports | <input type="checkbox"/> Hospital Correspondence |
| <input type="checkbox"/> Chart Summary | <input type="checkbox"/> Diagnostic Reports | <input type="checkbox"/> Rehab Reports |
| <input type="checkbox"/> Urgent Care Reports | | |

Other _____

Dates: From: _____ To: _____

Reason for request:

The requested information will be released in the format of a CD.

If the CD format will cause a hardship, please speak with an ACHS staff member.

ACHS will act on this request within 30 days of the date listed above or, within 60 days if the requested information is not maintained or accessible to ACHS on-site. Such action will either inform you of the acceptance of the request and provide you with the requested access; or provide a written denial explaining the reasons for the denial and whether you are entitled to have the denial reviewed.

If the requested information is contained in more than one designated record set or at more than one location, and access is granted, ACHS needs only to provide you with access to information contained on one of the designated record sets.

Please indicate the means by which you wish to inspect or obtain a copy of the requested information:

Mail: Address: _____
City: _____ State: _____ Zip: _____

- On Site
- Franconia
 - Littleton
 - Warren
 - Whitefield
 - Woodsville

If ACHS cannot readily produce the information in the form or format you have requested, such information will be made available to you in a readable hard copy form or other form or format to which you agree.

Do you agree to receive a summary of the requested information in lieu of access?

- Yes
 No

ACHS may impose a fee of [\$30.00 for a second request] to cover the cost of labor, copying, postage, and preparing a summary of the requested information. Do you agree to such fees imposed by ACHS for providing a copy or summary of the requested information?

- Yes
 No

Name: _____ Date: _____

Signature: _____

FOR ACHS USE: Date this request was received by ACHS: _____

Approved by: _____ Date: ____/____/____

Printed and given to patient on site by _____ Date: ____/____/____
Employee name