

High Rock Internal Medicine, P.A.  
**Access Request Form**  
Request to View or Obtain Copy of Personal Medical Records

I, \_\_\_\_\_ hereby request to inspect or obtain a copy of my medical records from **High Rock Internal Medicine, P.A.** Under federal law 104-191, also known as HIPAA, I am entitled to such access upon written request.

I would like to:

- \_\_\_\_ Access and Inspect my Personal Medical Records
- \_\_\_\_ Obtain a Copy of my Personal Medical Records (Hardcopy Records)
- \_\_\_\_ Obtain a Copy of my Personal Medical Records (Electronic Records)

**Policies and Restrictions on Viewing or Copying Personal Medical Records**

- Under federal law, we may only provide a “Designated Record Set” of your Personal Medical Records. This Designated Record Set only includes medical and billing records we physically store and maintain on our premises, and only includes those portions of medical records that “are used to make decisions about patients.”
- We are NOT able to provide you with:
  - Items not maintained in legal health records
  - Education records exempt from HIPAA
  - Psychotherapy Notes
  - Data exempted by the Clinical Lab Improvements Act
  - Data involved in criminal, civil, or administrative actions
  - Records put together in anticipation of legislation
- If an Electronic Health Record (EHR) system is in use, you may request and obtain an electronic copy of your medical records. You may also instruct us to send an electronic copy of your medical records to any third party you specify in writing.
- We may legally deny your request for access to your medical records, without opportunity for appeal, in the following circumstances:
  - You are an inmate in a correctional institution, and access would endanger your health and safety or the health and safety of anyone else in the facility.
  - Your records were generated in the course of ongoing research, and disclosure would jeopardize the research. (You must have agreed, in writing, to such a restriction previously. And if so, your right of access will be restored at the conclusion of the research)
  - Your records are subject to federal Privacy Act protections (Under 5 USC 552a)
  - The information was obtained from someone under a promise of confidentiality, and the access requested would be reasonably likely to reveal the source.
- We may legally deny your request for access to your medical records, but *with* an opportunity for appeal, if such access is reasonably likely to endanger the life or physical safety, or cause substantial harm to, you or another person.
- Our Policy is to respond to and fulfill your request within 3 business days.
- If you are simply viewing your Designated Record Set, we reserve certain days and times for such viewing. Our regular days and times are: Tuesday-Thursday 9 am to 4 pm.
- If you are requesting copies of your Designated Record Set, fees will be charged for the copies. Our copy fees are: \$0.75 per page for 1 to 25 pages, \$0.50 per page for 26 to 100 pages, and \$0.25 per page for 101 & up pages. There is a \$10.00 Minimum Charge.

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Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority

▼▼▼ FOR OFFICE USE ONLY ▼▼▼

<b>Received by:</b>			
<b>Date Received:</b>		<b>Time Received:</b>	
<b>Action(s) Taken:</b>			
<b>Files or Records Disclosed:</b>			
<b>Patient Follow-Up:</b>			
<b>Staff Signature:</b>			