

PHI ACCESS REQUEST



Purpose: This form is used for an individual's request to inspect and obtain a copy of his or her protected health information in a designated record set that we maintain or that our business associates maintain for us.

SECTION A: INDIVIDUAL REQUESTING ACCESS

Full Name:

Address:

Telephone:

E-mail:

Identification Number:

Social Security Number:

TO THE INDIVIDUAL: PLEASE READ THE FOLLOWING AND COMPLETE THE INFORMATION REQUESTED

You have the right to inspect and obtain a copy of your protected health information in our designated record sets. You are not entitled to inspect or obtain a copy of any psychotherapy notes we may have, any information we may have compiled in anticipation of or for use in a civil, criminal or administrative proceeding, and certain other records. To exercise your right of access, please complete Section B.

SECTION B: PROTECTED HEALTH INFORMATION ACCESS REQUESTED

Please specify the records to which you wish to have access:

Do you wish to

Inspect these records?

Obtain a copy of these records

We will charge you \$

per page to copy these records

Would you like us to make the records available to you:

On paper

Electronically

Do you want us to

Prepare a summary or an explanation of these records?

We will charge you \$

for the summary or explanation.

Do you want us to

Mail the copies

We will charge you for the postage.

Please list the name and address of each person, including yourself or your personal representative, for whom you want us to make a copy. If you want us to provide access to or a copy of your records to any person other than you or your personal representative, you must provide us with a signed authorization. We can supply you with an authorization form.

AUTHORIZATION & SIGNATURE

Individuals Signature:

Date

Personal Representative's Name:

Relationship to Individual:

YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION AFTER YOU SIGN IT

PLEASE RETURN COMPLETED FORM TO:

Great Bay Administrators, 37 Industrial Drive Exeter, NH 03833,
or submit through our secure portal