

ACCESS TO PROTECTED HEALTH INFORMATION

Date Received: _____

Initials of HIPAA Privacy Officer/Designee: _____

SECTION A: Patient to Complete the Following Information

Requestor Name: _____ Date: _____

Patient Name: _____ Medical Record Number: _____

Address: _____

REQUEST:

I request that The Jackson Laboratory provide me with access to my Protected Health Information as indicated below. **(Check all that apply):**

- The entire Medical Record (all information)
- Laboratory reports and other diagnostic tests
- Informed Consent
- Face Sheet
- Clinical Result Report: (specify test(s))
- Complete Molecular Profile: (specify test(s)):
- Other (describe in detail):

I request access to my health information covering the dates _____ through _____

Type of Access Requested

- Inspection of requested information or Copies of requested information

Signature of Patient or Personal Representative

Date

Print Name

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

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SECTION B: The Covered Entity to Complete This Section

Request for access or copy is (CLD or HIPAA Privacy Officer) Accepted Denied

If denied, check the reasons for denial:

- PHI is not part of the patient's Designated Record Set
- The requested information is psychotherapy notes
- The requested information has been compiled for legal proceeding
- The requested information was obtained under promise of confidentiality and access would be reasonably likely to reveal the source of the information
- The requested information is temporarily unavailable because the individual is a research participant
- Licensed health care provider has determined that access to the requested information would result in physical harm to the individual or others
- Licensed health care provider has determined that the requested information identifies a third person who may be physically, emotionally, or psychologically harmed if access to the information is granted
- Licensed health care provider has determined that access to the requested information by the patient's personal representative could result in harm to the individual
- We are acting under the direction of a correctional institution and letting the inmate access or obtain a copy of the requested information would jeopardize the health, safety, security, custody, or rehabilitation of another person at the correctional institution
- The requested information is not maintained by The Jackson Laboratory

RIGHT TO REVIEW:

- Yes
- No – Contact the HIPAA Privacy Officer with any questions.

You have a right to file a complaint with The Jackson Laboratory and may do so by contacting our HIPAA Privacy Officer at: (207) 669-0322 (insert phone number). You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. Contact our HIPAA Privacy Officer or see our Notice of Privacy Practices for additional information.

Signature of HIPAA Privacy Officer

Date

Print name

If your request to copy the requested information has been granted, you will be charged a reasonable fee for photocopying and mailing.

Distribution of copies: Original to patient's medical record, copy to patient