County of San Bernardino
Department of Behavioral Health

INTERNAL TRACKING OF REQUEST TO ACCESS MEDICAL RECORDS
[THIS FORM IS FOR INTERNAL USE ONLY]

This form must be returned to the Medical Records Office with your determination by (date)_____

This is to inform you that we have received a request for access to the protect health information (PHI) of the consumer named on this form.

This request was received from:
- ( ) Consumer
- ( ) Parent, guardian, or conservator
- ( ) Legal representative
- ( ) Law Enforcement
- ( ) Other
  Specify: _____

The type of access request is:
- ( ) Inspection
- ( ) Copies
- ( ) Summary

If access is approved, please complete PART II of this form, signing and dating as appropriate. In certain circumstances, access can be denied. If access is denied, please complete PART IV, including reason for denial, your signature and date of decision.

Inspection must be permitted within five (5) working days after receipt of the request. Copies must be transmitted within fifteen (15) calendar days or if a summary is requested within ten (10) working days. An extension can be made up to thirty days <u>from the date of the request</u>.

After making your determination, <u>A NOTATION MUST BE ENTERED IN THE MEDICAL RECORD</u> explaining:

- The reason you denied the requester to review/receive copies of the medical record
- A description of the specific adverse or detrimental consequences to the consumer or any other person if applicable

PART I - APPROVED ACCESS (Completed by Licensed Practitioner of the Healing Arts)

Access to PHI is approved to provide: _____
(Specify inspection, copies, or summary)

Date_____ _____ _____ _____
Printed name Signature License/Title

PART II (COMPLETED BY MEDICAL RECORDS OFFICE)

Check the box(es) below to indicate action taken on request for access to PHI.

☐ How was the identity of the individual verified?_____

☐ Date the individual was informed of acceptance of access request and any cost to consumer._____ $ _____

☐ Date of referral to another organization/location to obtain the information because the information requested is not part of the Designated Records Set. _____

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☐ Date the individual was sent notice that access or denial of access will not be determined within the time limit and anticipated date of completion of request.

_____

WHAT THE INDIVIDUAL ACCESSED:

☐ Diagnosis ☐ Medication ☐ Prognosis
☐ Evaluation/Assessment ☐ Lab Reports
☐ Medical History – Evaluations ☐ Dates of treatment
☐ Side Effects of Medication Treatment
☐ Other: _____
specify "other" information

HOW DID THE INDIVIDUAL RECEIVE THE INFORMATION:

☐ Orally in person in the office ☐ Reviewed in person
☐ Orally over the telephone ☐ Picked up in person
☐ Mailed

Date of Access_____ Location of Access_____

PART III - DENIED ACCESS
(*Completed by licensed health care professional to complete*; *check box(es) that apply*)

Access to PHI was denied because it is EXEMPT FROM ACCESS for the following reasons:

☐ The information is not in the designated record set.
☐ Information was compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding.

Access to PHI was denied under the following NON-REVIEWABLE GROUNDS:

☐ Information is from tests by clinical laboratories that state laws allow only for release to the persons who orders the test.
☐ Information is requested by an inmate of a correctional institution and such information would jeopardize the health, safety, security, custody, or rehabilitation of the individual or other inmates or the safety of other persons at the institution or those individuals responsible for transporting the inmate.
☐ Information is for which the individual has agreed to denial of access when consenting to participate in research for the course of the research project.
☐ Information requested was obtained from someone other than a health care provider under the promise of confidentiality and access would likely reveal the source of the information.

Access to PHI was denied under the following REVIEWABLE GROUNDS:

☐ Access to the PHI is likely to endanger the life or physical safety of the individual or another person.
☐ The PHI refers to another person and a licensed health care professional has determined that access is reasonably likely to cause substantial harm to such other person.
☐ The information is requested by the personal representative of the individual and a licensed health care professional has determined that provision of access is reasonably likely to cause substantial harm to the individual or another person.

_____ _____
Signature of Licensed Practitioner Printed name

_____
Title

☐ All access was denied
☐ Partial access was denied

_____
Date