



Request Access to or Copy of Health Information
(requests by guardians or individuals only)

SECTION A: An Arc of Anchorage staff member completes the following information.

Date: _____ **Phone Number:** _____

Name: _____ **Date of Birth:** _____

Address: _____

Person requesting records: _____ Relationship: _____

- Call for Pick-Up Give to Arc Case Manager Fax Mail

REQUEST

I hereby request that The Arc of Anchorage provide me with (check all that apply):

- My medical records
- My billing records
- Specific documents:
 - Assessments
 - Treatment Plan/Support Plan/Plan of Care (including reviews and amendments)
 - Other: _____

I would like to be provided with (check all that apply):

- Most recent records only
- All records (this may be a very large volume of records)
- Records from this time frame: _____ through _____
- I would prefer to receive the requested information in the form of a summary prepared by The Arc of Anchorage at a cost to me of \$ _____.

I wish to receive the requested information in the following format:

- Photocopies
- Electronic transmission (if available)
- Other (if available): _____

Printed Name of Individual

Individual's Signature

Date

Printed Name of Legal Representative/Guardian

Relationship to Individual

Legal Representative/Guardian's Signature

Date

SECTION B: The Arc of Anchorage completes the following information.

Request for access or copy is:

- Accepted Denied

If denied, check the following reason for denial:

- Protected health information is not part of the individual's designated record set.
- Federal law forbids making the requested information available to the individual for inspection (e.g. CLIA or Privacy Act of 1974).
- 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 psychological harmed if access to the information is granted.
- 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 corrections institution.
- The requested information is not maintained by our facility.

Right to Review:

You do do not have the right to a review of this denial.

Contact Information: _____

You do have a right to complain to the Secretary of the Department of Health and Human Services in Washington D.C.

Staff Comments: _____

Printed Name of Staff Member

Job Title

Staff Member's Signature

Date