



CLIENT REQUEST TO ACCESS RECORDS

Client Information (please print)

Name of Client: _____

Request Date: _____

Date of Birth: _____

Internal Use – Client #: _____

Mailing Address/City/Zip: _____

Request for Access to my Health Information

I understand I have the right to access my health information maintained by Western Montana Mental Health Center (WMMHC) in a designated record set. I further understand that under certain limited circumstances my request may be denied in whole or in part, as defined by Federal Law. If denied, I may have the decision reviewed by a licensed healthcare professional designated by WMMHC who did not participate in the denial decision.

I hereby request:

To have my information explained to me by a clinician

OR:

A copy to be provided to me: On paper On electronic media (specify type - USB storage device or CD): _____ I

will pick up personally at the WMMHC office with proof of identity, OR

Mailed to me at the address listed above

I understand that unless otherwise specified and requested below, I will be provided with my health information maintained by WMMHC in a designated record set.

Other request: _____

Fees

I understand WMMHC may impose a reasonable cost-based fee for providing this information, and that an estimate of this fee will be provided to me prior to processing my request so that I have the opportunity to withdraw or modify my request in order to avoid or reduce this fee. The cost to me will be a flat fee of \$6.50 for an electronic copy of my information, or twenty cents (\$0.20) per page of information for a paper copy. I understand I must pay any imposed fee in advance.

Response Time

I understand the information I have requested will be provided to me within 30 days unless I am notified in writing that an extension of an additional 30 days is needed.

Signature of Client/Parent/Guardian (circle one)

Date

Printed Name of Parent or Guardian: _____
UPLOAD: ROI/PHI > Other Authorizations (with Comment: Request to Access Records)

Aug. 2017

