Skagit Regional Health

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Skagit Regional Health recognizes a patient's right of access under HIPAA and the 21st Century Cures Act Information Blocking Rules. There may be changes associated with producing a copy of the requested records.

PATIENT REQUEST FOR ACCESS TO DESIGNATED RECORD SET

Must be Completed Fully to Process

First Name:	Middle Initial:	Last Name:
Prior Name(s) Used:		Phone:
Date of Birth:		Patient's Email:
Patient's Address:		
City:	State:	Zip Code:

Please disclose my records to: Myself at the above address above ☐ or the following recipient ☐

Requestor signing this form is responsible for accuracy of recipient's name/address/fax/phone.

Name: _____Address: _____

City: _____State: _____ Zip Code: _____

Phone: _____Fax:_____Email:_____

Fees may be associated with this request. Please send my records via: ☐ MyChart (must have a current SRH MyChart account) (No fee) ☐ Email ☐Disc ☐Paper ☐ Fax_____☐App_____

Information to be disclosed:

Dates of Service: From: _____ To: _____ ☐Discharge Summary ☐ Emergency Department Report ☐History & Physical ☐ Immunizations ☐Operative/Procedure Report ☐Diagnostic Report (x-ray, EKG, etc.) ☐ Lab Results ☐Last 2 years only ☐ Other (specify):_____

Patient must initial each to allow release. Specific Authorization is required for minors for the following:

_____Drug/Alcohol	1 understand that my records may contain information regarding diagnosis or treatment for drug or alcohol abuse. I give my specific authorization for these records to be released. **(Minors, 13 years of age or older must sign)**
_____AIDS/HIV/STD	I understand that my records may contain information regarding testing, diagnosis or treatment of HIV/AIDS or sexually transmitted diseases. I give my specific authorization for these records to be released. **(Minors, 14 years of age or older must sign)**
_____Mental Health	I understand that my records may contain information regarding diagnosis or treatment for diagnosis or treatment for mental health diagnosis. I give my specific authorization for these records to be released. **(Minors, 13 years of age or older must sign)**

_____

Printed Name of Legal Representative if patient is not capable of signing

If not signed by patient, identify relationship to patient. If Legal Representative or other, provide documentation establishing authority such as Power of Attorney.

_____ _____

Signature of Patient or Legal Representative (If patient is a minor and controls access (see table above) minor must sign. *(sign by hand or /S/)* Date:_____ Relation to Patient_____

For internal use only_____

Medical record number_____

Date Received_____

Employee initials _____

SKAGIT REGIONAL HEALTH
SKAGIT VALLEY HOSPITAL
SKAGIT REGIONAL CLINICS
CASCADE VALLEY HOSPITAL

Skagit Regional Health

Patient Request for Access to Designated Record Set

Background Information Regarding This Form

This is a **Patient Access Request**. Under HIPAA, patients have a federal right to receive a copy of Protected Health Information in their designated record set.

A **Patient Access Request** is not the same as a Patient Authorization. The only elements that HIPAA requires in a **Patient Access Request** are that:

The request must be in writing, signed by the individual, and clearly identify the designated person or entity and where to send the PHI.
45 CFR 164.524(c) (3) (1i)

Per Guidance from HHS, a provider is not permitted to require use of an Authorization if a patient submits a **Patient Access Request**.

A HIPAA authorization is not required for individuals to request access to their PHI, including to direct a copy to a third party.

(https://www.hhs,gov/haalfor-profess] nts/rag/2033/when-do-the-hipaa-privacy-rule-limitations-on-fees/Index.htmi)

Unlike a HIPAA Authorization, a provider must act on a **Patient Access Request** within **30** days, and any fees charged to patients must be within the strict limits set by HIPAA.

The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Skagit Regional Health does not discriminate on the basis or race, color, national origin, sex, age, or disability in their health programs and activities.

For information on the **Patient Access Request** form, please visit the HHS guidance at

https://www.hhs.gov/hipaa/forprofessionals/privacy/guidance/access/.

Fees may be associated with this request.

How are they stored	How are they released	What is the Fee
Electronic	Electronic	$6.50 fee + tax
Electronic	Paper	$0.90 labor cost + $0.05/page Supplies + postage + sales tax
Hybrid (paper & EMR)	Electronic	$6.50 (EMR) + $0.07 per paper (page + tax + postage)
Hybrid (Paper & EMR)	Paper	$0.07/page + $.90 labor + $0.05/page supplies + postage + sales tax
Paper	Electronic	$0.07 per page + tax + postage
Paper	Paper	$0.07/page labor + .05/page supplies + tax + postage