

I do/do not (circle one) agree that Pacific University may provide a summary of the health information instead of allowing me to review the information.

If the same PHI that is the subject of a request for access is maintained in more than one designated record set or at more than one location, the Pacific University will only produce the PHI once in response to a request.

Other Important Information

I understand that Pacific University has 30 days to respond to this request. If Pacific University is unable to take action within the applicable time period, they may extend the time for such action by 30 days, provided that Pacific University, within the applicable time period, gives me a written statement of the reasons for the delay and the date by which Pacific University will complete its action on the request. I understand that if Pacific University grants this request, in whole or in part, it will inform me of the acceptance of this request and provide the access requested. In that event, Pacific University will arrange with me for a convenient time and place to inspect or copy the PHI, or will provide me with a copy as I have requested. However, if Pacific University denies the request, in whole or in part, it will provide me with a written denial.

I agree to pay any fees for copying, summarizing, or explaining my health information. Fees will be reasonable and cost-based and will include only the cost of copying, postage (if I request that a copy or summary be mailed), and preparation of a summary (if I agree to a summary). If the information is requested in electronic form, the fee for providing such may include labor costs involved in producing the information and any cost for supplies needed to comply with the request.

I understand that this request does not apply to certain health information, including (1) information that is not held in the designated record set; (2) psychotherapy notes; (3) information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; and (4) other health information not subject to the right to access information under HIPAA.

Signature of individual or individual's representative

Date

(Form MUST be completed before signing.)

Printed name of the individual's personal representative:

Relationship to the individual, including authority for status as representative:

Approved:
Reviewed: 10/2017
Revised: