Explanation for Use of AHIMA Patient Request for Health Information Model Form

The explanation below is intended for healthcare organizations and providers in support of patients' right of access.

Purpose

This form is intended to provide a plain language tool that provides patients a standardized mechanism to access their health information from a provider or organization. The form is written at an 8th grade reading level. The patient may or may not have knowledge of their ability to obtain copies of their information in the format of their choosing. The Office of Civil Rights (OCR) guidance indicates *"a covered entity may require individuals to use the entity's own supplied form, provided use of the form does not create a barrier to or unreasonably delay the individual from obtaining access to his PHI"**. This form, created by the American Health Information Management Association (AHIMA) is a suggested template but should not be required.

This model form IS:

- Exclusively for access to the patient's health information by the patient or their designated personal representative. Intended to streamline the request to assist providers in complying with the 30 day timeframe for patient access addressed by OCR guidance.
- A suggested model form.

This model form IS NOT:

- Intended to replace, nor is it the same as, a third party authorization form.
- Intended to address state specific laws. Users will need to consider any state-specific regulations (e.g. for specific types of sensitive health information, such as, mental health and HIV). The impact of these regulations may be significant when processing other requests.
- A required HIPAA form.

Why you need a Patient Request Form in addition to a HIPAA Authorization Form

In January of 2016, the Office for Civil Rights (OCR) released *"Individuals' Right under HIPAA to Access their Health Information 45 CFR § 164.524"* which provided new interpretive guidance on the right to obtain personal health information from healthcare providers. The guidance was meant to clarify the responsibilities of healthcare providers to comply with the HIPAA privacy rule.

The updated guidance addressed the patient's right to inspect and/or obtain a copy of their health records and to have a copy of their records sent or directed to an individual of their choosing. OCR provides the reasoning for this additional guidance as:

> *"Providing individuals with easy access to their health information empowers them to be more in control of decisions regarding their health and well-being."**

Patient Request Model Form Versus Authorization Form

The patient request model form is intended to streamline the request process for patients to obtain their information. The authorization form should be utilized for any other types of release of information that requires patient authorization. For more information about elements of an Authorization form refer to HHS's Authorization FAQ.

Individual's Right to Give Access to their Health Information to Another Person

Per the OCR guidance, 45 CFR 164.524(c)(3)

> *"An individual also has a right to direct the [provider] to transmit the [protected health information] PHI about the individual directly to another person or entity designated by the individual. The individual's request to direct the PHI to another person must be in writing, signed by the individual, and clearly identify the designated person and where to send the PHI."**

Recommendations for Using the Patient Request Model Form

- Organizations may edit the form based on system capabilities as well as operational needs.
- It is recommended that organizations read and understand the OCR guidance, 45 CFR 164.524(c)(3), to ensure compliance.
- Organizations are not precluded from developing their own internal policies that comply with the OCR guidance and do not create barriers to patient access. For example, if a patient requests health information to be transmitted through unsecured email, the provider should comply.
- Logo, barcode, and address may be added at organization's discretion.
- For healthcare organizations' fee structure please refer to OCR guidance and state laws.

*OCR guidance 45 CFR 164.524(c)(3) https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html
HHS Authorization FAQ https://www.hhs.gov/hipaa/for-professionals/faq/authorizations

Patient Request for Health Information

Patient Information (Please Print)

First Name:	Middle Initial:	Last Name:	
Name at Time of Treatment (if different than above):			
Date of Birth (MM/DD/YYYY):	Phone:	E-mail (optional):	
Street Address:	City:	State:	Zip:

What records do you want? (Check appropriate boxes below):

Date(s) of Service: ____/____/____ through ____/____/____

☐Discharge Summary ☐Emergency Room Records ☐Operative/Procedure Reports ☐Billing Records

☐Test Results (X-Rays, Lab/Pathology Results) Please specify: _____

☐Other (Immunization Records, Medication Lists) Please specify: _____

How would you like your records delivered?

☐Paper

☐Home Delivery

☐In-Person Pickup

☐Electronic (Email, USB, CD, Portal, Other) Please specify: _____

Where do you want the information sent? (Fill in boxes below):

ORGANIZATION NAME should provide my records to: ☐Self ☐Personal Representative (indicated below)

Recipient Name:	Recipient Phone: Recipient Fax:
Recipient Mailing Address:	Recipient E-mail (if applicable):

Please print your name and sign below:

Name of Patient or Personal Representative (please print)	**Relationship (please print)**
Signature of Patient or Personal Representative	**Date/Time**

Please return completed form to:

	E-mail: **Fax**:
	Questions?

ORGANIZATION NAME *recognizes a patient's right under HIPAA to access copies of his/her health information. There may be charges associated with processing a request and producing requested records.*