



# Health and Human Services Department

## Access to Records and Accounting of Disclosures Request Form

Date of Request: \_\_\_\_\_

Individual's Name: _____		
Last	First	Middle
Home Address: _____		
Home Phone: _____		Date of Birth: _____ Client #: _____

### Client Records Request

If you would like this information, please consider the following:

- ❖ You may ask to access, look at or get information about yourself that is in YCHHS records.
- ❖ YCHHS may deny you access to your information if it was given to YCHHS by someone other than a health care provider, under the promise of confidentiality.

I \_\_\_\_\_ (client initials if appropriate) hereby request that YCHHS provide me with access to the following records **[please check all boxes that apply]**:

- My medical records.
- My billing records.
- Other personally identifiable information used by YCHHS to make decisions about me.

**Fees:**

\$30.00 Up to 10 pages, additional pages at \$.25 each <sup>1</sup>

The fee for this request will be: \_\_\_\_\_

### Accounting or List of Disclosures Request

If you would like this information, please consider the following:

- ❖ The list is free one time in any twelve-month period.
- ❖ YCHHS will not list disclosures made more than six years before your request.
- ❖ YCHHS will not list disclosures made earlier than **April 13, 2003**.
- ❖ YCHHS will only list disclosures of Protected Health Information not related to Treatment, Payment, or Health Care Operations.
- ❖ YCHHS will not list disclosures that you authorized.

**Fees:**

The first request in a 12-month period is Free; Subsequent requests within the same 12 month period are \$6.00 **The fee for this request will be:** \_\_\_\_\_

I \_\_\_\_\_ (client initials if appropriate) would like to receive a list of disclosures of my Protected Health Information made by Yamhill County Health and Human Services (YCHHS).

<sup>1</sup> This fee may be waived based on federal poverty guidelines

## Access to Records and Accounting of Disclosures Request Form

**Format:** Please provide the requested Information to me in **[check the appropriate boxes]**

- paper form;
- pick-up or view the Requested Information at a mutually agreeable time and place;
- have the Requested Information mailed to me at the following address:

**Time Period of Request:**

I am interested in accessing or obtaining a copy of Requested Information relating to the time period from: \_\_\_\_\_ through \_\_\_\_\_.

**By My Signature:**

I understand that this request does not include information compiled in reasonable anticipation of (or for use in) a civil, criminal or administrative proceeding or as may otherwise be required by applicable law.

I understand that YCHHS may deny this request under limited circumstances under federal regulations governing the protection of personally identifiable health information. I further understand that I may have the right to have a denial of my request reviewed by a licensed health care practitioner selected by YCHHS who did not participate in Yamhill County's decision to deny my request.

I understand that YCHHS will notify me of its decision to approve or deny my request to access or obtain a copy of the Requested Information within thirty (30) days of receiving this request if the information is maintained or accessible on-site at YCHHS or within sixty (60) days if the Requested Information is not maintained or accessible on-site at YCHHS. If YCHHS is unable to comply with my approved request within the applicable time limit, it may extend the applicable deadline for up to thirty (30) days by notifying me in writing.

\_\_\_\_\_  
Signature of Patient (or Personal Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Personal Representative

\_\_\_\_\_  
Relationship to Client

### **For Office Use Only:**

Date of Action Taken: \_\_\_\_\_

- Approved \_\_\_\_\_
- Denied \_\_\_\_\_
- Delayed \_\_\_\_\_
- If delayed, we will act on your request by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
**Staff Initials:** \_\_\_\_\_

**Your Right to Access Your Information:**

- ❖ You have a right to request access, look at or get information about yourself that is in DHS records.
- ❖ You have a right to have an answer to your request within 30 days. If the information is not at this location, you have the right to have an answer within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- ❖ You may be charged a fee, if you have accessed the same information within the past year.
- ❖ Your request may be denied if professionals involved in your case believe that access to your information could be harmful to you or others.
- ❖ The reviewer must decide, within a reasonable time, whether to approve or deny your request. You will get an answer in writing. The answer will include the reason for the decision.

**Your Right to an Accounting of Disclosures:**

- ❖ You have a right to request an accounting of disclosures made by DHS of your information.
- ❖ You have a right to have an answer to your request within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- ❖ Your first request for an accounting in a twelve-month period is free. You may be charged for additional requests in the same twelve-month period.

**You have a right to file a privacy complaint:**

Individuals can file privacy complaints with Yamhill County's Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights.

Privacy complaints may be directed to any of the following:

**Yamhill County**

Yamhill County HHS  
HIPAA Privacy Official  
627 NE Evans  
McMinnville, OR 97128

Yamhill County  
HIPAA Privacy Officer  
535 NE Fifth Street  
McMinnville, OR 97128

**U.S. Department of Health and Human Services, Office for Civil Rights**

Medical Privacy, Complaint Division 200 Independence  
Avenue, SW HHH Building, Room 509H  
Washington, D.C. 20201 Phone: 866-627-7748  
TTY: 886-788-4989 Email: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)