



COUNTY OF PLACER
ACCESS TO HEALTH RECORDS REQUEST

*(For use by **HHS** clients requesting access to their own health records.)*

Patient/Client Identifying Information		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
STREET ADDRESS:	CITY/STATE/ZIP CODE:	TELEPHONE:
DATE OF BIRTH:	CASE NUMBER:	
Organization Providing Information		
<small>[45 C.F.R. § 164.522-164.528]</small>		
RECORD HOLDER:	LOCATION OF RECORD:	
DATE OF REQUEST:		

I hereby request the following:

- To view my record
- To receive a paper copy of my record
- To receive an electronic of my record in the form and format indicated here:

If approved, an agreed upon date, time and place will be scheduled. If the electronic form and format requested is not readily producible by Placer County in such form and format requested, then Placer County will provide a readable electronic form and format as agreed.

(continued on following pages)

Patient/Client Name: _____ Case Number/Client ID: _____

I am requesting access to and/or a copy (as indicated above) of the following health information:

- | | |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> My Entire Record | <input type="checkbox"/> My Diagnosis (specify): _____ |
| <input type="checkbox"/> My Medical Records Only | <input type="checkbox"/> My Treatment Attendance/Participation |
| <input type="checkbox"/> My Social/Medical/Legal History | <input type="checkbox"/> My Seclusion Restraint Information |
| <input type="checkbox"/> My Immunization Records Only | <input type="checkbox"/> My Mental Health Records Only |
| <input type="checkbox"/> My HIV/AIDS Test Results | <input type="checkbox"/> My Individual Treatment Plan |
| <input type="checkbox"/> My Test/Testing Results (specify, e.g.:
x-rays, EKG, labs, psychological,
urinalysis): | <input type="checkbox"/> My Evaluation/Assessment (specify,
e.g.: bio-social, psychological, psychiatric): |
| <input type="checkbox"/> Other (Please Specify): | |
| <input type="checkbox"/> For the following time period: | From: _____ To: _____ |

Client Signature: _____ Date: _____

(See page 3 for client rights information.)

For County Use Only:

Approved	<input type="checkbox"/>	
Denied	<input type="checkbox"/>	Reason: _____
Delayed	<input type="checkbox"/>	Reason: _____
If delayed, we will act on your request by _____		
Comments: _____		

Placer County Staff Signature: _____ Date: _____		

Patient/Client Name:_____ Case Number/Client ID:_____

Your Right to Access Your Health Information:

- You have a right to request access, look at or obtain a paper or electronic copy of information about yourself that is in HHS health records.
- You have a right to inspect your records within 5 working days, and to be provided a copy within 30 days of this **Request**.
- 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.
- Your request may be denied if your health information was given to us by someone other than a health care provider, under the promise of confidentiality.
- The reviewer must decide, within a reasonable time, whether to approve or deny your request. You will receive an answer in writing. The answer will include the reason for the decision.

You have a right to file a privacy complaint:

Individuals can file privacy complaints with either Placer County or with the U.S. Department of Health & Human Services.

Privacy complaints may be directed to any of the following:

County of Placer Department of Health & Human Services

Privacy Officer

3091 County Center Drive, Suite 290

Auburn, California 95603

Phone: (530) 886-3621

Fax: (530) 745-3135

U.S. Department of Health & Human Services

90 7th Street, Suite 4-100

San Francisco, CA 94103

Phone: (800) 368-1019

TDD: (800) 537-7697

FAX: (415) 437-8329