UNITED COUNSELING SERVICE
UCS
BUILDING A STRONGER COMMUNITY

Request for Access to Individual's Designated Record Set

I understand that I have the right of access to inspect and obtain a copy of my protected health information maintained in the Agency's designated record set, for as long as the protected health information is maintained in the designated record set.

Client's Name: _____ Client's DOB:_____

Client's Preferred Name: _____

Access is being requested by ☐ self OR by ☐ parent or authorized representative.

☐ Requesting inspection (in whole or in part) of the Agency's Designated Record Set.

☐ Requesting a **copy** (in whole or in part) of the Agency's Designated Record Set.

☐ Requesting both inspection and a copy (in whole or in part) of the Agency's Designated Record Set.

Describe what information you would like: _____

_____

In which format would you like the information?

PAPER COPY

☐ UCS will provide you with a paper copy of your healthcare information unless requested in an electronic format or manner.

ELECTRONIC COPY

☐ Electronic health information maintained in the EHR will be provided in the form or format or manner you request. Please choose from the following options:

- ☐ Electronic media (please choose one of the following):
  - ☐ USB Flash Drive
  - ☐ CD
- ☐ Electronic delivery:
  - ☐ Using certified technology (e.g. sent directly to a health care application): _____
  - ☐ Using content and manner standards (specify): _____
  - ☐ Using an alternative machine-readable format (specify): _____

Requested completion date: _____

Revised 9/13, 3/18, 1/20, 9/22, 6/23

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Your Contact information: _____

How would you like to receive/have delivered the information?

☐ US mail at the following address: _____
☐ By fax at the following number: _____
☐ Secure email: Information is encrypted and there is a procedure to follow to decrypt the information.
☐ Unsecure email: Information is sent unsecured and cannot be considered private as it may be read by a third party via the internet. UCS does not recommend the use of unsecured email.
☐ I want to pick up the information in person.

OPTIONAL
Delivery of Your Health Care Records to Another Person

You have a right to direct us to deliver your health information to another person or entity. *Please note that to disclose substance use disorder treatment information you must sign an Authorization to Disclose PHI permitting this disclosure*. No additional authorization is required for other health information. If you wish to exercise this right please provide the following information:

Name of the person or entity: _____

Please select from the following delivery options to have the information shared:

☐ US mail at the following address: _____
☐ By fax at the following number: _____
☐ I want to pick up the records in person.
☐ Secure email: Information is encrypted and there is a procedure to follow to decrypt the information.
☐ Unsecure email: Information is sent unsecured and cannot be considered private as it may be read by a third party via the internet. UCS does not recommend the use of unsecured email.
☐ Electronic media (please choose one of the following): ☐ USB Flash Drive ☐ CD
☐ Electronic delivery:
  ☐ Using certified technology (e.g. sent directly to a health care application):
  ☐ Using content and manner standards (specify): _____
  ☐ Using an alternative machine-readable format (specify): _____

_____ _____
Signature of Individual Requesting Access Date

_____
Printed name of parent/authorized representative

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INTERNAL USE ONLY

Medical Record Number: _____

Request was:

- ☐ Approved
- ☐ Denied, in whole
- ☐ Denied, in part with grounds for denial described

Date individual notified of decision: _____

- ☐ Reason for denial:
- ☐ Health information provided:

_____

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_____ _____

Authorizing Signature Date

Revised 9/13, 3/18, 1/20, 9/22, 6/23