



REQUEST FOR ACCESS OR COPY OF PROTECTED HEALTH INFORMATION

ND Department of Health
SFN 53812 (10-03)

Use this form to request to inspect or receive a copy of your protected health information the NDDoH maintains. Please complete this form in its entirety. Contact the NDDoH Privacy Officer at 701.328.2352 if you have questions in relation to this request. Return this form to: Health Resources Section, Attention: Privacy Officer, ND Department of Health, 600 East Boulevard Ave., Dept. 301, Bismarck, ND, 58505-0200.

Name			
Street Address	City	State	Zip Code
Telephone Number			
Date of Birth			
Date of Request			

Description of Records Requested:

Please describe the specific information or records requested. Please also include the time period.

Scope of Request:

There is a cost-based charge for copying records. Please see page 2, General Information, for details.

- I would like to inspect the requested records.
 I would like to obtain a copy of my requested records.
 I would like to both inspect and copy the requested records.
 Other

Signature of Individual or Personal Representative _____ Date _____

(If Personal Representative, please provide proof of identity and/or describe authority):

To be completed by NDDoH Privacy Officer

Identity of individual has been verified: Yes No Response Due Date

- Approved
 Denied
 Delayed

Comments:

Signature of Privacy Officer _____ Date _____

Copy to NDDoH Division Program File

Copy to HIPAA Coordinator

GENERAL INFORMATION

The NDDoH will not allow access to:

- Psychotherapy notes
- Information compiled for use in a civil, criminal or administrative action or proceeding
- Inmates of correctional facilities
- PHI created or obtained during research, during the duration of the research
- PHI when consistent with applicable state and federal laws
- PHI obtained from someone other than a health care provider under a promise of confidentiality where access requested would be reasonably likely to reveal the source of information
- PHI when access to requested PHI by the individual or personal representative is likely to endanger the life or physical safety of the individual or another person, or makes reference to another person that is reasonably likely to cause substantial harm to that person

When a request for access to PHI is received, access will be approved or denied within the following time frames:

- Within thirty (30) days if the requested information is maintained and accessible on site; or
- Within sixty (60) days if the requested information is maintained off site.

The time frames stated above may be extended one time for no more than thirty (30) days. If the extension is necessary, NDDoH will provide the individual, within the time frames above, a written statement that specifies the reason(s) for the delay and the date by which the individual may expect to receive a decision on the request to access the PHI for inspection and/or copying.

The PHI will be provided in the form or format requested if it is readily producible in that matter, or if not, in a form or format agreed upon by both parties.

In place of providing access, NDDoH may provide a summary of the requested PHI for an additional charge if the individual agrees to the summary and to the additional fee.

NDDoH and the individual will arrange a mutually convenient time and place for the individual to inspect and/or obtain a copy of the requested PHI. NDDoH will mail a copy of the requested PHI if the individual prefers this method of obtaining a copy.

NDDoH may charge a reasonable, cost-based fee for copying, including labor and supplies (for instance, paper, computer disks) and the cost of postage when the individual requests that the information be mailed. The NDDoH may charge a nominal fee for preparing an explanation or summary of the requested PHI if the individual is informed of and agrees to receive a summary. A summary may be prepared when, for example, an individual's medical record is very extensive, other individual's PHI is contained in the same record set, etc.

If the NDDoH denies access to PHI, the NDDoH will provide a timely written denial in plain language to the individual that includes:

- the basis for the denial;
- if applicable, a statement of the individual's right to a review of the decision with an explanation of how to exercise this right; and
- a description of how the individual may file a complaint with NDDoH and the Secretary of the U.S. Department of Health and Human Services (DHHS), including the name and telephone number of the NDDoH Privacy Officer.

If NDDoH denies access because it does not maintain the PHI requested but knows where the requested PHI is maintained, NDDoH will inform the individual where to direct the request.

NDDoH documents the records that comprise the designated record set that is subject to access requests and maintains these records for a period of six (6) years from the date they were created or were last in effect, whichever is later.

NDDoH maintains this form for a period of six (6) years.