



Request for Access to Protected Health Information

Under the Privacy Rule, a patient or his/her personal representative may request access to the patient's protected health information (PHI) for the purposes of inspection and/or obtaining a copy of the PHI. There are conditions under which a healthcare provider may deny access to protected health information without an opportunity for the patient to have the denial of access reviewed. These conditions include:

1. Psychotherapy notes;
2. Information intended for use in a civil, criminal, or administrative actions;
3. When an individual (patient) is an inmate in a correctional facility or the healthcare provider is acting under the direction of correctional facility, where providing access to information would endanger other inmates or correctional employees;
4. When an individual (patient) has consented to the withholding of information as a subject in a research program that is still in progress;
5. When the Privacy Rule denies access; and
6. When the healthcare provider obtained the protected health information under a promise of confidentiality, and access to the information would reveal the source of the information.

There are three conditions under which a healthcare provider may deny access to protected health information but, if they do, must provide the individual (patient) or his/her personal representative an opportunity to have the denial reviewed. These conditions include:

1. When the healthcare provider has determined that access to the protected health information is likely to endanger the life or physical safety of the individual (patient) or another person;
2. When the information identifies another person, and the healthcare provider believes that access will cause harm to the other person; and
3. When the information is requested by a personal representative of an individual (patient) and, in the judgment of the healthcare provider, providing access to the information might subject the individual (patient) to domestic violence, abuse, or neglect by the personal representative.

Access (inspection and/or obtaining copies) to protected health information is provided on a scheduled basis. Please note that, due to privacy and risk management guidelines, original documents of protected health information may only be inspected in the presence of one of our staff members and original materials may not be removed from the facility. Our receptionist can provide scheduling information for you at the time of your request.

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Patient name

Patient Signature

Date

TO:

___Myself or my representative

___The following physician or medical office:

Whitten Laser Eye
Barlow Building
5454 Wisconsin Ave. NW
Suite 1420
Chevy Chase, MD 20815
Fax: 301-654-0769

FROM:

___The following physician or medical office: _____

Please specify the format in which you would like the PHI provided to you. We will accommodate your request, if possible.

- paper copy
- electronic copy – preferred format: _____