



Request for Access to Patient's Health Information

As a patient of Utah Digestive Health Institute, you are entitled under federal law to access your personal protected health information maintained in a "designated record set." In order to process your request for access to this information, please complete this form and submit it to the Privacy Officer. When received by the Privacy Officer, he or she will use the information to verify your identity and process your request. If you have any questions or concerns, please contact the Privacy Officer, Kelly, at 801-475-5400.

Patient Information

Patient Name: _____ Birth Date: _____

Patient Number: _____ Date of access request: _____

Access Method

You have the right to view your protected health information, obtain a copy of the information, or both. Please indicate below whether you wish to view the information only, obtain a copy, or both. If you select "copy", please indicate your method of delivery.

I would like to **view** my protected health information. I will/have schedule(d) an appointment with Utah Digestive Health Institute to view my health information on _____. I understand Utah Digestive Health Institute may have a staff member sit down with me as I review my health information.

I would like a **copy** of my protected health information. I understand that Utah Digestive Health Institute may charge me a fee for the copies as set forth in the following schedule: \$5.00 for research and retrieval, \$1.00 per page for the first 10 pages, and \$0.50 per page for each additional page. I also understand that I may be required to pay the fee in full before I can obtain the copy. I have selected my delivery method below (if none is selected, I will pick up the copy at the practice):

I will return to Utah Digestive Health Institute and pick up the copy when it is ready.

I would like Utah Digestive Health Institute to send the copy via U.S. mail to the following address:

I understand that Utah Digestive Health Institute may charge me all applicable postage fees.

I would like Utah Digestive Health Institute to send the copy via facsimile to the following number: _____
I understand that Utah Digestive Health Institute may charge me a fee of \$0.50 per faxed page.

If possible, I would like my copy sent to me using the following format: _____

I understand that Utah Digestive Health Institute is given thirty days to process my request for access if my information is maintained on-site, sixty days if the information is maintained off-site, and that Utah Digestive Health Institute may extend the deadline by an additional thirty days if I am notified in writing of the extension. I further understand that my rights are limited to any information in my "designated record set" as defined in Section 164.501 of the Code of Federal Regulations.

By signing below, I acknowledge and agree to the above conditions.

Signature of Patient

Date