

REQUEST TO ACCESS PHI

TO OUR PATIENTS: You have the right to inspect and obtain copies of your Medical Record or Billing Record.

You do not have the right to inspect:

- Psychotherapy notes;
- Information that has been compiled in reasonable anticipation of a civil, criminal or administrative action or proceeding;
- Protected health information that is subject to the Clinical Laboratory Improvements Amendments of 1988 - for example, certain laboratory test results.
- Protected health information that is contained in records that have been released to U.S. government agency for a civil or criminal law enforcement activity if the activity has been authorized by law, and if the head of the agency has made a written request to the agency which maintains the record specifying the particular portion desired and the law enforcement activity for which the record is sought).
- Protected health information that was created during a course of research that includes treatment, provided you agreed to the denial of access when you consented to participate in the research. (This is a temporary suspension and you may review your protected health information when the research is completed);
- Protected health information that was obtained from someone other than this MD ORTHOTIC & PROSTHETIC LABS, INC. under a promise of confidentiality and the requested access to this Protected health information would be likely to reveal the source of the information.

Under the following circumstances, we can also deny your request to inspect and /or copy your medical or billing record. However you can have our denial reviewed by a licensed health care professional who did not participate in our original decision:

- When we determine that the access you request is likely to endanger the life or physical safety of the patient or another person;
- When we determine that the protected health information you want to inspect makes reference to another person and that access to this information is likely to cause substantial harm to that other person;
- The request for access is made by your personal representative and we determine

that provision of access to your representative is likely to cause you substantial harm.

Patient Name: _____

The Medical Record/ Billing Record Entry to be Inspected/Copied:

Request to Access PHI Accepted: _____

Request to Access PHI Denied: _____

Reason for Denial:

Signature of Patient

Date