



HPF4.03a Request for Access to PHI

Individuals have the right to inspect and obtain a copy of certain information in our records that may be used to make decisions about them or their treatment for as long as we maintain the information in our records. Individuals may also request that we provide a summary of the information (instead of copies) or an explanation of complicated information. Please see our Notice of Privacy Practices for a more detailed description of these rights and the process we follow once we have received a request for records. To request access to records, please complete and return the following request form.

Individual Information

Name

Address

City	State	Zip code
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Phone (h)	(w)	cell
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Email Address:



Access Requested

Please answer the following questions. You may attach a separate page if more space is needed.

What information would you like to access?

If possible, please provide the dates that tests were performed or treatment was provided:

What type of access are you requesting? Check all that apply:

- Inspect Summary
- Copy Explanation

If your request to inspect the information is granted, we will provide you with further information on how to schedule an appointment with our staff to inspect your records.

If you are requesting a copy, summary or explanation of the information, how would you like these materials delivered to you? You may pick up these materials at our facility or request that we send them to you by regular mail or email.

- Pick Up Mail
- Email Other. Please Specify _____

Please be sure to complete any applicable mailing in the Individual Information section of this form.

If your request is being made because of an emergency, please describe the nature of the emergency and the date when you need the information. We cannot guarantee that we will meet your deadline, but we will do our very best to accommodate reasonable requests.

Fees

Copying and Distribution Costs. If you request copies, we will charge you a reasonable fee to recover the costs of copying, mailing and the supplies used to fulfill your request. Our standard fee for paper copies is \$.75 per page. We will not contact you with an estimate of the copying fee before this information is prepared. You may ask us to forego collection of the copying fee if you are incapable of making the payment. Please notify YAI before submitting this form



if you are unable to pay the associated fees.

Summary or Explanation. We will also charge a fee to recover the costs of providing any summary or explanations you have requested. If you have requested a summary or explanation, we will contact you with an estimate of any fees before we prepare these items so that you may decide whether to continue with your request, modify your request to reduce the fees, or withdraw your request.

Understanding And Signature

By signing below, I am requesting that YAI provide me with access to health information in the manner described above. I understand that I will be contacted if any fees for a summary or explanation may be charged for fulfilling this request, and that I will have an opportunity to modify or withdraw my request if I do not want to pay those fees.

Signature of Individual or Personal Representative

Print Name of Individual or Personal Representative

Description of Personal Representative's Authority (if applicable)

Date

Send Completed Form to:

YAI Network
Attn: Privacy Officer
460 West 34th Street
New York, NY 10001



For YAI Use Only:

Date Received (MO/DY/YR)

Disposition of Request:

- Granted
- Partially Granted
- Denied

Date individual was notified of response to the request (MO/DY/YEAR)

Fee charged for fulfilling this request (if applicable): \$ _____

Signature of staff person processing this request

Print name of staff person processing this request

Date (MO/DY/YEAR)