



*Our Family Caring
for Your Family!*

What I need to know about requesting my records

Review the *Frequently Asked Questions* and information on requesting your record. Complete the form *Request for Access to Protected Health Information (PHI)* on page 3 and follow the instructions for submitting the record request.

Frequently Asked Questions

Who can request my records?

You, your parent (for minors), your legal guardian or representative, your healthcare provider, and other agencies (depending on the situation) may request copies of your medical records. Any legal guardian or personal representative requesting access to your record must submit a copy of their court appointment documents with the request.

How do I request my records?

A written request, authorized signature, and photo identification is required to request your records. If records are being requested by a legal guardian or personal representative, court appointment documents must accompany the record request. If the request is mailed, the authorized signature must be notarized. Attached to this information packet is a form that you can complete to specify the date(s) of service and record(s) you would like to access. You may call the HIPAA Privacy Officer at 719-540-2100 x1053 with any questions.

How soon can I obtain the records I am requesting?

Once a written request is submitted, the HIPAA Privacy Officer will coordinate with the clinical providers. The clinical staff will determine what access to the mental health records *may be granted, or denied in some cases* pursuant to Colorado law, and the HIPAA (Health Insurance Portability and Accountability Act). The reviewer determines if access will be granted in-whole, in-part, or denied. The Reviewer must provide, in writing, a notice of approval, approval in-part/denial in-part, or denial. FCC will list the reason(s) associated with any denial in the written notice.

When will I find out if my request has been approved? How will I be notified?

FCC must respond to your request within (15) to thirty (30) days of receipt. Sometimes additional time is needed to complete the review. If an additional thirty (30) days is needed, you will be notified by phone or in writing by the HIPAA Privacy Officer. Once a determination has been made, you will receive a letter stating the reviewer's decision.

What if my request for access to records is denied?

The HIPAA Privacy Officer will send you a letter indicating that the request has been denied, in-whole or in-part, and provide the reason(s) for the denial. Pursuant to Colorado law, access to a mental health record may be granted or denied in some cases. You may have the right to request a review of the denial. If you wish to have the denial reviewed, you must submit the request in writing. The HIPAA Privacy Officer will then pass the request to a Licensed Health Care Professional (Reviewer), who was not involved in the original decision to deny access, for review. Once the review is complete, you will receive a written notice of the Reviewer's decision from the HIPAA Privacy Officer.

Is there a cost?

When you request a copy of protected health information, there is a cost of copying, supplies, and postage, whether in paper or electronic format. There is not a cost if you choose inspection.

Inspection: No charge. A date, time, and location to view the record will be arranged with you by the HIPAA Privacy Officer or designee.

Printed Paper Copies: The cost is calculated for supplies and labor not to exceed \$25.00. Postage costs will be added if the mail option is chosen.

Electronic Format Compact Disc (CD): Flat fee is \$6.50.

Secure Email: Flat fee is \$6.50. Electronic copies may be sent through compatible secure email.

How to Complete a Request for Access to Protected Health Information

1. Fill in each applicable line on the request form.
2. Check-mark the specific record information you want to access.
3. Enter the specific dates of services you want to access.
4. Sign the form. Only the individual, parent, legal guardian, or personal representative can sign the form. Any legal guardian or personal representative must submit a copy of their court appointment documents with the request.
5. Verification of identity is required. Please bring photo identification such as a driver license, or government-issued ID card. Mailed requests must contain a notarized signature.

How to Submit Your Request

1. **Submit at Your Treatment Location.**
Present your photo identification and submit the signed request form to your clinician or the front desk staff. Additionally, any personal representative, legal guardian, or personal representative must submit a copy of their court appointment documents with the request form.
2. **Hand Deliver to Medical Records.**
Present your photo identification, submit the signed request form and, if applicable, court appointment documents to the Medical Records Department. Please refer to address below.
3. **Mail to Medical Records.**
A notarized signature is required to process a mailed or emailed request. Additionally, any personal representative, legal guardian, or court appointed representative must submit a copy of their court appointment documents.

Medical Record Contact Information

Family Care Center

Attn: Custodian of Medical Records

2860 S. Circle Dr, Suite 109

Colorado Springs, CO 80906

Phone: (719)540-2119

Fax: (719)540-2119

Email: medicalrecords@fccsprings.com



Protected Health Information Access Request Form

Patient Information

Patient Name: _____ DOB: _____

Requestor (If different than above): _____ Relationship: _____

Requestor Phone Number: _____

Requestor Email Address: _____
(If applicable, please include a copy of guardian or personal representative appointment order)

Information Requested

1. I hereby request that the Family Care Center provide me with access to my Protected Health Information as checked below. (Check all that apply)

- | | |
|-----------------------------------|----------------------------------|
| Complete Health Record | Minimum Data Set |
| Activity Documentation | Medication and treatment records |
| Admission/re-admission Documents | Nursing Documentation |
| Advance Directives | Progress Notes |
| Assessments, flowsheets | Reports (Lab, x-ray, other) |
| Care Plan | Test results |
| Informed Consent | Face sheet |
| History, exams, and other records | |
| Other (please describe): _____ | |

2. I request access to the health information as indicated above covering the following dates:

From Date: _____ To Date: _____

3. I would like to receive the requested information in the following format:

Printed Paper Copies: (Cost of supplies and labor not to exceed \$25.00)

Pick-up Records

Mail Records (Postage charges are applied)

Fax Records to: _____ **Attn:** _____

Electronic Copy: Electronic copies sent through compatible secure email.

Compact Disk Media: \$6.50 per disk

Secure Email: Flat fee is \$6.50 (Must be a compatible secure email system)

Inspection: No Charge. A date, time, and location to view the record will be arranged for you.

If mail or fax is requested, send the requested information to:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

Required Signatures

Signature of Patient:		Date:
Patient Name:		
Signature of Personal Representative: (if applicable):		Date:
Personal Representative Name:		

To prevent delay in completing your request, access request forms that are sent via email or mail, must be notarized in order to confirm the identity of the requesting person.

NOTARY INFORMATION

Stat of Colorado)
) SS.
County of _____)
Subscribed and affirmed before me
this _____ day of _____, 20 _____

Notary Signature



Protected Health Information Access Request Form

Facility Response

The request for access or copy is: Accepted Denied

If denied, check the reason for denial:

- PHI is not part of the patient's Designated Record Set
- Federal law forbids making the requested information available to the patient for inspection (e.g., CLIA or Privacy Act of 1974)
- The requested information is psychotherapy notes
- The requested information has been compiled for legal proceeding
- The requested information was obtained under promise of confidentiality and access would be reasonably likely to reveal the source of the information
- The requested information is temporarily unavailable because the individual is a research participant
- Licensed health care provider has determined that access to the requested information would result in physical harm to the individual or others
- Licensed health care provider has determined that the requested information identifies a third person who may be physically, emotionally, or psychologically harmed if access to the information is granted
- Licensed health care provider has determined that access to the requested information by the patient's personal representative could result in harm to the individual
- We are acting under the direction of a correctional institution and letting the inmate access or obtain a copy of the requested information would jeopardize the health, safety, security, custody, or rehabilitation of another person at the correctional institution
- The requested information is not maintained by our Facility

RIGHT TO REVIEW

- Yes
- No (contact the Facility HIPAA Compliance Officer with any questions)

You have the right to file a complaint with the Family Care Center and the Secretary of Health and Human Services, Contact the Facility HIPAA Compliance Officer for additional information.

Completed By:	
Signature of FCC Representative:	
Date:	