Bear River Mental Health Services, Inc.

ACCESS TO RECORDS REQUEST

(*For use by BRMH clients requesting access to their own health information or for use by personal representatives.)*

Client Name:	Client Date of Birth:

Your rights and responsibilities concerning access to your health information:

- You have a right to make a written request to inspect and obtain a copy of protected health information about you that is contained in our medical record set.
- You have a right to have an answer to your request for access in writing within 30 days.
- BRMH charges $.50 per page to cover the cost of labor and supplies for copying records.
- If you agree, we may provide a summary or explanation of your information instead of access.

Exceptions to your right of access, please consider the following:

- We may deny you access to information compiled in anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
- We may deny you access to your information if it was received by someone other than a health care provider under a promise of confidentiality.
- We may deny you access if we believe that it is reasonably likely to endanger you or someone else.

I am asking for access to the following health information (please be specific):

_____

_____

I am asking for access to the above health care information in the following form or format:

☐ Hard Copy ☐ Electronic Inspection ☐ Summary of the Information

_____ _____ _____

Client Signature Phone # Date

_____ _____ _____

Personal Representative Signature Phone # Date

Determination

☐ Request Approved ☐ Request Denied ☐ Request Delayed

Comments: _____

_____

_____ _____

BRMH Representative Signature Date