

REQUEST TO INSPECT OR COPY P H I

Name of Patient (Type or Print)

FMOA Medical Record #

INFORMATION REQUESTED

Please describe the information that you would like to examine or copy:

REVIEW PROCEDURES

Your request to inspect or copy your Protected Health Information will be reviewed by the patient's physician and our Compliance / Privacy Officer. They will determine if the information requested can be made available to you. We may be prohibited legally from making certain information available to our patients or patient representatives, including:

- **Psychotherapy notes**
- **Information related to legal proceedings**
- **Information that federal or state laws prevent us from disclosing**
- **Information that is related to medical research in which you have agreed to participate**
- **Information whose disclosure may result in harm or injury to you or to another person**
- **Information that was obtained under a promise of confidentiality**

Within the limitations of the law, we will make every effort to accommodate your request.

We will complete our review of your request and either arrange for you to inspect your records within 30 days of your request or provide you with a written explanation of any restriction on the information that we can provide you.

If we deny your request, in whole or in part, you may request that we review that decision.

Signature of Patient

Date

Signature of Patient Representative

Date

Relationship of Patient Representative to Patient

FEES FOR COPYING

If you wish to obtain copies of any of the requested information, we will arrange to copy and send it to you within thirty (30) days of your request. We will charge a fee of:

\$.50 per page for copies of up to 50 pages,
\$.25 per page for each page copied over 50.

You may either pick up the copies when they are ready, or we will send them to you. If we send them to you, you will be charged our actual mailing cost based upon the delivery method you request (e.g. first class mail, overnight delivery, etc.).

APPROVAL OF REQUEST TO INSPECT OR COPY PHI

ARRANGEMENTS FOR INSPECTING RECORDS

You may inspect the records you have requested in our office on or after _____.
date

Please contact our office to arrange a mutually agreeable date and time when we can make an FMOA employee available for your inspection. This employee will accompany you throughout your review but will not be answering medical questions or rendering opinions as to the meaning of information contained in the medical record. There is no fee for inspecting your records.

Signature of Compliance / Privacy Officer

Date

DENIAL OF REQUEST TO INSPECT OR COPY PHI

We have reviewed the request to inspect or copy health information that you submitted on ____/____/____. Unfortunately, we are not able to provide you all the information you requested.

INFORMATION THAT CANNOT BE MADE AVAILABLE

The following information that you have requested cannot be made available for your inspection or copying:

Information Requested

Reason for Denial

Information Requested

Reason for Denial

Information Requested

Reason for Denial

INFORMATION THAT IS AVAILABLE

The following information is available for your inspection or copying:

You may inspect these available records in our office on or after _____.
date

Please contact our office to arrange a mutually agreeable date and time when we can make an FMOA employee available for your inspection. This employee will accompany you throughout your review but will not be answering medical questions or rendering opinions as to the meaning of information contained in the medical record. There is no fee for inspecting your records.

Signature of Compliance / Privacy Officer

Date

REQUESTING A REVIEW OF DENIAL TO INSPECT OR COPY PHI

You may request a review of the denial of your request by contacting:

**FMOA Compliance / Privacy Officer
1450 Sagem Place, Suite 201
Charlottesville, VA 22901**

(434) 973-9744

To request a review, sign in the space provided and return this form to the above address.

I am requesting a review of this denial of access to Protected Health Information, given the following additional information:

Patient (or Patient Representative) Signature

Date

RESULT OF REVIEW OF DENIAL TO INSPECT OR COPY PHI

Family Medicine of Albemarle's HIPAA Compliance Committee has reviewed the initial denial of access to your Protected Health Information in light of the information included in your request for review. The following is our determination following this most recent review:

Signature of Compliance / Privacy Officer

Date