

Completion Date:

Attachment 19
Request for Access to Health Information

As a patient of a University of Miami provider or hospital, you may access certain health information we maintain about you. If you want to inspect and/or receive a copy of your health information, you must complete this form and return it to a Document/Records Custodian or to the University of Miami Office of HIPAA Privacy & Security at the address specified below and in our Notice of Privacy Practices. This request applies only to the departments/Facilities that you indicate below.

To assist us in locating your information, please provide the following:

Date of Request: _____ Medical Record Number: _____
Patient Name: _____ Date of Birth: _____
Phone Number: _____ Last 4 Digits of SSN: _____
Address: _____ City: _____
State: _____ Zip: _____

I am requesting access to my health information maintained at:

Department: _____ Physician: _____
Facility/Hospital: _____

Please indicate whether you would like to inspect or receive a copy of your health information by checking the applicable box(es):

- I would like to inspect my health information in person at the University of Miami.
- I would like a copy of my health information.

Please indicate, by checking the appropriate box(es), the specific information to which you want access:

- Medical records (i.e., lab reports, progress notes, etc.) for the following dates:

- Films/Images (i.e., films, CDs, diagnostic images, etc.) for the following dates:

- Billing records (i.e., claims or statements) for the following dates:

We charge fees for copies, postage, and handling, as permitted by applicable state and federal law. You will be contacted with a total and instructed how to make payment as well as when you can expect to receive your records (if you have requested a copy).

Signature of patient or personal representative

Date

If personal representative, authority to act on behalf of patient/Relation to Patient

University of Miami – Office of HIPAA Privacy & Security
PO Box 019132 (M-879) hipaaprivacy@med.miami.edu
Miami, FL 33101 305-243-5000 1-866-366-4874

REQUEST FOR ACCESS TO HEALTH INFORMATION



Form
D3900018E

Revised
09/24/14

NAME: _____

MRN: _____

LAST 4 DIGITS OF SSN: _____

DOB: _____

DATE: _____ TIME: _____