



Lighthouse Family Counseling

Safety, Hope, and Guidance

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Request for Access to Protected Health Information or PHI Form

I, _____, whose date of birth is _____,
Address _____ City _____ State _____
Social Security Number _____ Phone Number _____

Request that the following information be disclosed to me:

Description of information to be disclosed

(Patient/Client should initial each item to be disclosed.)

- Review my client/medical records
- Copy my records
- Review and copy my records

Possible denial of request

While Federal HIPAA (Health Information Portability and Accountability Act) regulations give you the right to access your protected health information, denial of access may apply to the following:

- a. Psychotherapy notes
- b. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or other legal matter
- c. When therapist is acting under the direction of a court order
- d. PHI was obtained from someone other than a health care provider under a promise of confidentiality

In addition, the provider may deny request if:

- a. The disclosure may endanger the life and physical safety of the client or another person referenced in the PHI.

When a request to access PHI is denied in part, the therapist or health provider will give the individual access only to other protected health information that is not excluded or denied. When an individual is denied access to all protected health information. The therapist or health provider will issue a denial letter to the individual requesting access.

Expiration

Unless sooner revoked, this request expires on _____, or as otherwise indicated: _____

Conditions

I further understand that _____ will not condition my treatment during or after pendency of this request.

I will be given a copy of this request for my records.

Signature of Client

Date

Signature of Parent, Guardian or Personal Representative

Date

If you are signing as a personal representative of an individual, please describe your authority to act for this individual.

Signature of Staff Witness

Date