

**Pharmacy Use Only**  
Date Request Received: \_\_\_\_\_

## Request for Access to Protected Health Information

**NOTICE:** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that you be allowed access, with some limited exceptions, to our records containing your Protected Health Information/Individually Identifiable Health Information (collectively referred to herein as "PHI").

I, \_\_\_\_\_, do hereby request *Chase Pharmacy* to provide me with access to my PHI contained on the following pharmacy records:

---

---

---

---

I request that *Chase Pharmacy* (please check one):

- allow me to inspect my PHI at the pharmacy during normal business hours.
- make photocopies of my PHI for me to pick up at the pharmacy during normal business hours, and for which I agree to pay a reasonable, cost-based fee.
- make photocopies of my PHI and mail to me at the address provided below, and for which I agree to pay a reasonable, cost-based fee.
- Other: \_\_\_\_\_

(Use this option if you wish to receive your PHI in some other format or by some other manner, such as electronic mail or fax. Please consult with our Privacy Officer about our ability to provide your PHI in this requested manner.)

### Understanding and Acknowledgement

1. I understand that the pharmacy must act on my request no later than 30 days after receipt of my request. If my request is for PHI not maintained or accessible at the pharmacy, the pharmacy must take an action by no later than 60 days from receipt of my request. If unable to take an action within the time required, the pharmacy may extend the time by not more than 30 days, provided that the pharmacy, within the applicable 30- or 60-day time period provides me with a written statement of the reasons for the delay and the date by which the pharmacy will complete its action on my request. The pharmacy may have only one such extension of time for action on my request.
2. I understand that my request is subject to my PHI being contained in the pharmacy's designated record set and is valid only for so long as the designated record set is maintained by the pharmacy.
3. If the pharmacy grants my request, in whole or in part, I will be informed of the acceptance of my request and the pharmacy will provide the requested PHI as I directed above.

4. I understand that the pharmacy may discuss the scope, format, and other aspects of my request for PHI to facilitate a timely response.
5. I understand that if the PHI that I have requested is maintained in more than one designated record set or at more than one location, the pharmacy need only produce the PHI once.
6. I understand that the pharmacy may provide me with a summary of the PHI requested, in lieu of providing access to the PHI, or may provide an explanation of the PHI to which access has been provided, if:
  - A. I agree in advance to such a summary or explanation; and
  - B. I agree in advance to the fees imposed, if any, by the covered entity for such summary or explanation.
7. If I requested a photocopy of my PHI or if I agree to a summary or explanation of such information, the pharmacy may impose a reasonable, cost-based fee, provided that the fee includes only the cost of:
  - A. copying, including the cost of supplies for and labor of copying, the PHI requested;
  - B. postage, if I requested the copy, or the summary or explanation, be mailed; and
  - C. preparing an explanation or summary of the PHI, if I agreed to such.
8. If the pharmacy denies my request, in whole or in part, the following steps must be taken:
  - A. The pharmacy must, to the extent possible, give me access to any other PHI requested, after excluding the PHI to which the pharmacy has denied access.
  - B. The pharmacy must provide me, within the applicable 30-day or 60-day period, a written denial in plain language containing the following:
    - i. the basis for the denial;
    - ii. if applicable, a statement of my review rights, including a description of how I may exercise such review rights and the pharmacy's obligations with respect to my review rights; and
    - iii. a description of how I may complain to the covered entity or to the U.S. Department of Health and Human Services (HHS).
  - C. If the pharmacy does not maintain the PHI that I requested, and the pharmacy knows where the requested PHI is maintained, the pharmacy must inform me where to direct my request for access to the PHI.
9. I understand that any use or disclosure of my PHI that I make, whether intentional or unintentional, after reviewing or obtaining copies of the requested PHI is my responsibility.

\_\_\_\_\_  
Signature of Person Submitting Request

\_\_\_\_\_  
Date

Street Address for Mailing: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

