REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

INSTRUCTIONS

Please complete this entire form to request inspection or copies of your personal health information maintained by CRS. We will notify you when your request has been processed and the records are ready for inspection or have been copied and the fee for your request. There are certain circumstances in which your request may be denied. If your request has been denied, you will be notified of the denial and the reasons why. CRS cannot process your request if this form is not complete.

Patient Name: _____ D.O.B: _____

Current Address: _____

_____

Phone No.: _____ Acct. No.: _____

Dates of service or time period of records requested: _____

(State a specific time period or "all")

PLEASE CHECK BELOW THE INFORMATION WHICH YOU WOULD LIKE TO REVIEW (YOU MAY CHECK MORE THAN ONE BOX):

☐ Medical record ☐ Billing record

☐ Other (be specific): _____

THE RECORDS REQUESTED ARE FOR: ☐ Self ☐ Physician ☐ 3rd Party

PLEASE DESIGNATE THE METHOD OF REVIEW:

Mail

☐ Receive copy by regular mail at the following address: _____

_____

_____

I understand that I will be charged a per page copying fee of $ _____ plus postage.

Inspection with or without Copy

☐ Inspect the information at CRS. Information will be available at 9850 Nicholas Street, Suite 100 Omaha Nebraska 68114 during normal business hours with appointment for inspection. I understand if I would like to receive a copy at the time of inspection, I will be charged a per page copying fee of $_____.

Electronic Copy

☐ Transmitted to the following e-mail address: _____

I UNDERSTAND THE RISKS IN RECEIVING MY PROTECTED HEALTH INFORMATION VIA UNENCRYPTED E-MAIL AND THAT IT MAY BE READ BY A THIRD PARTY.

☐ Mailed to the following address:

_____

_____

_____

I understand that I will be charged for CRS's labor and supply costs in preparing the electronic copy.

_____ _____

Signature of patient or patient's personal representative Date

_____

Authority of personal representative

WE WILL NOT PROCESS THIS REQUEST UNLESS IT IS SIGNED BY YOU OR YOUR REPRESENTATIVE.