Department of Social Services INDIVIDUAL'S REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION				
ndividual Name:		Social Security No.		
Street Address:		Birth Date:		
City/State/Zip:		Other Identifier		
		(e.g., DCN)		
SPECIFIC INFORMATION TO BE ACCESSED				
Specify Information Requested				
Including dates covered:				
Circle format you prefer:	Paper Computer Disk M	Microfiche Fax	(fax number)	
	Other			
Mailing Address:				
Do you agree to accept a summary of the protected health information: YesNo				
Do you agree to pay reasonable costs associated with this request:YesNo				
NOTE: If this request is denied, refer to bolded sections below for information regarding appeals.				
Signature of Individual or Individual's Personal Representative		Date		
FOR DSS USE ONLY				
Date Received: ACCESS IS GRANTED Checkmark that a copy of				
Employee Name: If granted, follow instru			completed form has been provided to	
Division/County: and disregard remainder of requested also source other			individual. Also send a copy to divisional	
requested also covers other divisions, divisional privacy officer will coordinate.privacy officer. Place original individual's case file.		privacy officer. Place original form in individual's case file		
DENIAL OF ACCESS IS RECOMMENDED. Checkmark basis for recommendation and forward to divisional privacy officer.				
 Psychotherapy notes; Access is likely to endanger the life or physical safety of the 				
Individual agreed to denial of access while in research		individual or another person;		
5		! The information makes reference to someone other than the		
Information for use in civil, criminal or administrative		individual and the access may cause serious harm;		
proceedings;		! The individual has been or may be subjected to domestic		
Information obtained from so			violence, abuse or neglect or endangerment through release	
promise of confidentiality and the access would identify of the information to a personal representative.				
source; I DSS received a component court order which limits the For denials based on any of these reasons, you have the				
I DSS received a competent court order which limits the release or use of this information;		right to request a review of the decision to the DSS		
Access is otherwise precluded by law.			O Box 1527, Jefferson City, MO 65102	
(Voice: 1-800-735-2466) (Text 1-800-735-2966). You may also appeal to the Secretary of the Federal				
For denials based on any of th			Ith and Human Services, 200	
have a right to request a review of the determination.		Independence Avenue, S.W., Washington DC 20201		
		(Phone:202-690-70	000).	
Comments:				
DIVISIONAL PRIVACY OFFICER DETERMINATION				
Access is Granted. If granted, return a copy of completed form to individual and send original to employee to place in individual's case file. If access covers different offices/divisions, refer to DSS privacy officer for coordination.				
! Access is Denied. If denied, send a copy of completed form to individual and to DSS privacy officer. Send original to employee				
to place in individual's case file.				
Signature of Divisional Privacy Offi	cer Division		Date	