Department of Social Services INDIVIDUAL'S REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION						
Individual Name:	vidual Name:					
Street Address:	ress:					
City/State/Zip:	ty/State/Zip:					
			(e.g., DCN)			
SPECIFIC INFORMATION TO BE ACCESSED						
Specify Information Requested						
Including dates covered:						
Circle format you prefer:	Paper (Computer Disk	Microfiche Fax	(fax number)		
oncie format you prefer.						
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.						
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Signature of Individual or Individual's Personal Representative Date						
FOR DSS USE ONLY						
Date Received: ACCESS IS G			S GRANTED	Checkmark that a copy of		
mployee Name: If granted, follow ins			structions in next block	completed form has been provided to		
			inder of form. If acces			
Employee Signature Date requested also covers				privacy officer. Place original form in		
5 15				Access is likely to endanger the life or physical safety of the individual or another person;		
Individual agreed to denial of access while in research project;			 The information makes reference to someone other than the 			
			individual and the access may cause serious harm;			
Information for use in civil, criminal or administrative proceedings;				-		
Information obtained from source other than DSS under a			violence, abuse	violence, abuse or neglect or endangerment through release		
promise of confidentiality and the access would identify of the information to a personal representative.						
source;						
DSS received a competent court order which limits the			For denials based on any of these reasons, you have the right to request a review of the decision to the DSS Privacy Officer at PO Box 1527, Jefferson City, MO 65102			
release or use of this information;						
Access is otherwise precluded by law. (Voice: 1-800-735-			5-2466) (Text 1-800-735-2966). You			
For denials based on any of these reasons, you do not Department of Health and Human Services, 200						
have a right to request a review of the determination.			Independence Avenue, S.W., Washington DC 20201			
				(Phone:202-690-7000).		
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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.						
	ficer	Divisio		Date		