

Access to Records Request for Inspection of Protected Health Information

Department of Elder Affairs
4040 Esplanade Way
Tallahassee, FL 32399-7000
(850) 414-2000

REQUEST SECTION

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) you have a right to request the opportunity to inspect and copy health information that pertains to you. The Department of Elder Affairs will evaluate your request and will either grant it or explain the reason why the request will not be granted. In the event that your inspection request is not granted you may request that the decision be reviewed by someone other than the person who originally denied the request.

I, **(Client Name)** _____ hereby request to inspect the following health information pertaining to me maintained at **the Department of Elder Affairs**):

Signature of Patient

Date

Access to Records Request for Inspection of Protected Health Information

REVIEW SECTION INTERNAL USE ONLY

This section is to be completed by the reviewer:

| | |
|-------------------------------|---------------------|
| Date received: | Reviewed by: |
| Chief Privacy Officer: | Review Date: |

The inspection request is hereby:

Granted ____

Denied ____

If the request is denied, indicate the reason for the denial:

Reviewer's Comments:

Signature

Date

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REVIEW SECTION

This section is to be completed by the reviewer:

| | |
|-------------------------------|---------------------|
| Date received: | Reviewed by: |
| Chief Privacy Officer: | Review Date: |

Reviewer's Decision:

Grant the Inspection Request ____

Deny the Inspection Request ____

Reviewer's Comments:

Signature

Date