



**Access Request—Victims of Abuse, Neglect,
or Domestic Violence
Hillsborough County**

**Request for Protected Health Information (PHI) Concerning
Victims of Abuse, Neglect, or Domestic Violence**

Directions: This form is to be used to disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison.

Read this page carefully and sign the access request to confirm that you understand its content.

Date: _____

Provide the name, title, organization, and phone number of person making request or receiving information:

Provide a description of your request, using an attachment if necessary (specifying the type of individual and information that will be included and/or the individual's name, SSN, or other identifier):

This disclosure is:

- To a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence:
 - To the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law;
 - If the individual agrees to the disclosure; or
 - To the extent the disclosure is expressly authorized by statute or regulation and:
 - The covered entity, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
 - If the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the protected health information for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

Verification of requestor's identity: _____

Verification of requestor's authority (if applicable): _____

Print name of requestor: _____

Original signature of requestor: _____

Date: _____

<p><i>For internal use only:</i> Date Received: _____ Recipient: _____</p>
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