Access Request—Individual
Hillsborough County
Individual's Request for
Access to Protected Health Information

Directions: This form is to be used whenever a person requests access to his or her own protected health information; to the protected health information of a minor, as the minor's parent or legal guardian; or to the protected health information of an individual, as the individual's personal representative. 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: _____

Individual's full name: _____ _____ _____ _____
First MI Last Suffix

SSN or other patient identifier: _____

I am making this request on behalf of:

- ❑ Myself
- ❑ An individual who is a minor, as the minor's parent or legal guardian
- ❑ An individual, as the individual's personal representative

I would like to:

- ❑ Inspect the file only
- ❑ Receive copies of the file (charges may apply)
- ❑ Receive a summary or explanation of the information

I would like to obtain the following information:

- ❑ All records for the period from (not prior to April 14, 2003): _____ (Beginning Date) to: _____ (End Date)
- ❑ All records covering a specific condition, injury or treatment: _____
- ❑ All records created by a service center or program: _____
- ❑ All records created by an individual health care professional: _____
- ❑ Other: _____

I understand that Hillsborough County may charge me a reasonable fee for copying ($0.15 per page) and, if my request includes a summary or explanation, Hillsborough County may charge me for the time required to prepare the materials I have requested.

Identification of individual: _____

Original signature of individual or
individual's Personal Representative: _____ Date signed: _____

Printed name of individual or
individual's Personal Representative: _____

For internal use only:
Date Received: _____
Recipient: _____