



**Access Request—Oversight or Regulatory
Hillsborough County
Oversight or Regulatory Request for
Protected Health Information (PHI)**

Directions: This form is to be used whenever a person with oversight or regulatory authority requests access to protected health information. 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 an agency authorized by law to perform oversight activities such as auditing, investigating, inspecting, licensing and/or disciplining. This disclosure is unrelated to an individual's activities unless it pertains to his/her receipt of health care, claim to, or qualifications for public health benefits. This disclosure is necessary for oversight of:
 - The health care industry; or
 - A government benefits program for which PHI is relevant to beneficiary eligibility; or
 - An entity that is subject to government regulatory programs for which PHI is necessary to determine compliance; or
 - An entity that is subject to civil rights laws for which PHI is necessary to determine compliance; or
 - A health oversight activity in conjunction with an investigation of claims to non-health-related government benefits in which PHI is necessary.
- Required and limited by law. Legal citation: _____. A description of the PHI requested is attached. If a current copy of the law is not attached, Hillsborough County may need extra time to verify the requirements and limits of the law.
- In compliance with the attached administrative request such as an administrative subpoena or summons, a civil investigative demand, authorized investigative demand, or similar process authorized by law that:
 - Is relevant and material to a law enforcement inquiry; and
 - Limits the amount of PHI requested to only what is reasonably necessary for this purpose; and
 - Cannot be de-identified (stripped of all information that would reveal the Individual's identity).

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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