



**Access Request—Public Health Activities
Hillsborough County
Public Health Activities Request for
Protected Health Information (PHI)**

Directions: This form is to be used whenever a public health 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:

- A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority;
- A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect;
- A person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity. Such purposes include:
 - To collect or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations;
 - To track FDA-regulated products;
 - To enable product recalls, repairs, or replacement, or lookback (including locating and notifying individuals who have received products that have been recalled, withdrawn, or are the subject of lookback); or
 - To conduct post marketing surveillance.
- A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the covered entity or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation; or
- An employer, about an individual who is a member of the workforce of the employer, if:
 - The covered entity is a covered health care provider who is a member of the workforce of such employer or who provides health care to the individual at the request of the employer:
 - To conduct an evaluation relating to medical surveillance of the workplace; or
 - To evaluate whether the individual has a work-related illness or injury;
 - The protected health information that is disclosed consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance;

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Tampa, Florida 3360102



- The employer needs such findings in order to comply with its obligations, under 29 CFR parts 1904 through 1928, 30 CFR parts 50 through 90, or under state law having a similar purpose, to record such illness or injury or to carry out responsibilities for workplace medical surveillance; and
- The covered health care provider provides written notice to the individual that protected health information relating to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to the employer:
 - By giving a copy of the notice to the individual at the time the health care is provided; or
 - If the health care is provided on the work site of the employer, by posting the notice in a prominent place at the location where the health care is provided.

Verification of requestor's identity: _____

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

Print name of requestor: _____

Original signature of requestor: _____

Date: _____

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