



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

Directions: This form is to be used whenever a person with legal 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 required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- Requires that the covered entity must meet the requirements described in the paragraphs of the law that pertain to:
 - Disclosures about victims of abuse, neglect, or domestic violence;
 - Disclosures for judicial and administrative proceedings; or
 - Disclosures for law enforcement purposes.

Verification of requestor's identity: _____

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

Print name of requestor: _____

Original signature of requestor: _____

Date: _____

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