



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

Directions: This form is to be used whenever a third party (someone other than the individual, the individual's representative, or the parent or guardian of a minor individual) 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; the information that will be included; the purpose of the request; and/or the individual's name, SSN, or other identifier):

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): _____ to: _____
(Beginning Date) (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: _____

Verification of requestor's identity: _____

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

Print name of requestor: _____

Original signature of requestor: _____

Date: _____

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