

# Patient Access Request

**INSTRUCTIONS:** Pursuant to HITECH Act, 42 USC § 17935(e) and as enforced by HIPAA, 45 CFR § 164.524(c)(4)(i), I hereby request an **electronic** copy of my PHI be released **in compliance with HIPAA fee limitations**, as instructed below:

<b>REQUESTER/PATIENT INFORMATION:</b>		
Reference Number:	(Patient Full Name)	
(Patient D.O.B.)	(Last 4 of SSN#)	(Patient full address)
AKA or Maiden Name:		
<b>RELEASE FROM:</b>		
	(Full name and address of medical provider)	

**DISCLOSURE IS TO BE MADE TO THE FOLLOWING RECIPIENT IN ELECTRONIC FORMAT:**

<b>RELEASE TO:</b>	ChartSquad
Email	FaxBox1@ChartSquad.com
Fax	(866) 282-0568
Phone	(866) 209-9379
Secure Upload	<a href="https://chartsquad.com/chartdrop/">https://chartsquad.com/chartdrop/</a>

**CHARGES:** As your patient, I am directing the release of PHI to a third party as is my right. If you charge your patients for copies of their own records, please include an invoice with the records you deliver to ChartSquad. Charging clerical, search, or per page fees is a violation of HIPAA and HITECH that may be reported.

**RECORDS REQUESTED:** I request access to the following information:

\_\_\_ My ENTIRE Designated Record Set: \_\_\_ An Abstract, defined below:

\_\_\_ For treatment between the dates: \_\_\_\_\_ - \_\_\_\_\_ to include:

_____ Progress Notes	_____ EMS Pre-Hospital Care Report
_____ Diagnostic Test Results	_____ Radiology Films/Digital Images
_____ Dictated Reports	_____ Billing Records (Complete Patient Ledger)

# Patient Access Request

**ATTENTION: This is a direct access request for the release of my health information. You may NOT require me to complete and sign an authorization, and you MUST accept this access request in compliance with HIPAA and HITECH.**

I hereby direct any and all treatment providers who receive this access request to deliver records as instructed.

You are receiving this access request from a third party, ChartSquad, sent on my behalf and at my specific direction. I have engaged ChartSquad to assist me in the collection of all my health treatment and billing records so that I may have persistent access to them in electronic format, and share them with any party I choose, as is my right under federal law.

I am fully aware of my rights under HIPAA and HITECH which explain how you are required to accept and comply with this access request. Please refer to the direct guidance of the Office for Civil Rights below:

*“We note that a covered entity (or a business associate) **may not circumvent the access fee limitations by treating individual requests for access like other HIPAA disclosures – such as by having an individual fill out a HIPAA authorization** when the individual requests access to her PHI (including to direct a copy of the PHI to a third party). As explained elsewhere in the guidance, a HIPAA authorization is not required for individuals to request access to their PHI, including to direct a copy to a third party – and because a HIPAA authorization requests more information than is necessary or that may not be relevant for individuals to exercise their access rights, requiring execution of a HIPAA authorization may create impermissible obstacles to the exercise of this right.”*

You may read the full guidance here:

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html>

<b>Patient Name (please print)</b>	<b>Relationship to Patient</b>
<b>Signature of Patient or Personal Representative</b>	<b>Date</b>