

EAST CAROLINA UNIVERSITY
HEALTH CARE COMPONENTS

INDIVIDUAL'S REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

NOTICE TO PATIENT: Your request for access to your protected health information (PHI) is **only** applicable to your protected health information in a designated record set maintained by

(Print Name of ECU Health Care Component)

If you would like access to your PHI in a designated record set maintained by any other Health Care Component of East Carolina University, a separate request should be submitted to that area.

Name: _____ **Date of Birth:** _____

Address: _____

Phone Number: _____ I have the right to inspect and request copies of whatever portions or the entirety of my health records as well as to request a summary explanation of these records. I understand this request will require the collection of these records and that I may request a convenient time and place to conduct my review of my PHI. I request access and/or copies of the following information:

From (date): _____ To (date): _____

Please check type of information to be accessed/copied:

- | | |
|--|--|
| <input type="checkbox"/> Entire Medical Record | <input type="checkbox"/> Lab Reports |
| <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Radiology Reports |
| <input type="checkbox"/> Clinic Notes | <input type="checkbox"/> Dental Records |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Pharmacy Records |

Please note that a request for psychotherapy notes requires a separate authorization. Please use the ECU Authorization for Use and Disclosure of PHI to request psychotherapy notes.

I would like the protected health information to be provided in (check one):

Paper Copy

Electronic Media

Signature: _____
(of Patient or Legal Representative)

Date: _____

Please Print Name: _____

Relationship if not Patient: _____

Please return this request to:

**ECU HIPAA Privacy Office
Physicians Quadrangle N
600 Moyer Blvd
Greenville, NC 27834**

For Internal Use Only

Paper Copy in a designated record set sent as requested on (include detail of information): _____

Electronic Copy of PHI in a designated record set sent as requested on (include detail of information): _____

Patient contacted to coordinate review of PHI in a designated record set (include detail of information): _____

Patient request denied and notice sent on (please use ECU Denial of Individual's Request for Access, Use or Disclosure of PHI form): _____

By: _____

Signature

Date

Printed Name

Title/Location