



RAUTH

REQUEST FOR ACCESS TO HEALTH INFORMATION

Subsidiary: _____

Instruction:

To be completed when an individual requests to inspect or receive a copy of their record. If this request is to provide health information to a person other than the patient, use Authorization to Release Health Information form instead.

Side 1 of 2

*PLEASE COMPLETE ONE FORM FOR EACH ACCESS REQUESTED *

Patient name (print): _____ Date of birth: ____/____/____

Address: _____

Telephone: (____) _____ Email address: _____

Purpose for access: _____

I would like access to the following documents/records (specify):

Table with 2 columns: Date(s) of Visit, Location, Department, Type of Service, Type of Record, etc.

I am specifically authorizing the release of the following:

- Genetic Information, Substance Abuse Treatment, HIV Treatment, Psychological and Psychiatry Treatment

How do I want to receive my information (mark only one)?

- CD (Compact Disk) via: Mail, Pick-up at: Christiana Hospital or Wilmington Hospital; Email; Paper copy via: Mail, Pick-up at: Christiana Hospital or Wilmington Hospital; Review in person

(Note: Photo Identification such as a driver's license is required at time of pick-up)

I understand that there is a fee charged for copies and postage and my request may take 5 - 10 business days to process.

Signature of Patient, Telephone Number, Date

OR, if patient is not able/capable to sign:

Signature of Legal Representative, Relationship to Patient, Telephone Number, Date

Interpretation: The information has been presented to the: patient, representative, decision maker in: Language

Interpreter Name, Agency and ID# (if applicable)

Witness Signature, Print Name, Date, Time



RAUTH

REQUEST FOR ACCESS TO HEALTH INFORMATION**Side 2 - For Christiana Care Use Only**

Side 2 of 2

DEPARTMENT

Request received by: _____ on: ____ / ____ / ____

Extension requested (if applicable) on: ____ / ____ / ____

Access provided by: _____ on: ____ / ____ / ____

Or

Request referred to Privacy Office by: _____ on: ____ / ____ / ____

Comments: _____

PRIVACY OFFICE

Requested received by: _____ on: ____ / ____ / ____

Extension requested (if applicable) on: ____ / ____ / ____

Request reviewed by: _____ on: ____ / ____ / ____

 Approved Denied

If denied, reason for denial: _____

Individual notified on: ____ / ____ / ____

If denied, second review completed by: _____ on: ____ / ____ / ____

 Approved Denied

Individual notified of decision on: ____ / ____ / ____

If access approved, access provided by: _____ on: ____ / ____ / ____

Comments: _____