

REQUEST FOR ACCESS TO CLIENT INFORMATION

**SECTION A: Client to complete the following information.**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REQUEST:**

I hereby request that The Village Network provide me with **(check all boxes that apply)**:

- Access to, or
- Copy of the requested information checked below:
  - Medical records for the individual named above.
  - Billing records for the individual named above.
  - Any other personally identifiable information used by The Village Network to make treatment decisions about the individual named above. Please describe:  
\_\_\_\_\_

I am interested in accessing  or obtaining a copy  of the requested information relating to the following time period:  
Start Date \_\_\_\_\_ through \_\_\_\_\_  
End Date \_\_\_\_\_.

**COSTS:**

All costs/charges for copying materials are the responsibility of the client requesting the information. A small charge for postage may also be added if necessary. An estimate of the charges can be provided once the amount and type of information being requested has been made.

**NOTIFICATION:**

I wish to receive the requested information in the following format:

- Photocopies       Electronic Transmission (if available)       Other (if available) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SECTION B: The Village Network to complete this section.**

**Request for access or copy is:**     Accepted                       Denied

If denied, check the following reason for denial:

- Licensed health care provider has determined that access to information would result in physical harm to the individual or others.
- Licensed health care provider has determined that the requested information would result in emotional or psychological harm to the individual.
- Information pertains to an adoption, which under Administrative Code, are subject to inspection only upon consent of the court.
- Information pertains to reports of child abuse or neglect which are confidential under the Administrative Code.
- The requested information is not maintained by our facility.

**Right to Review:**

You  do  do not have the right to a review of this denial. Contact Privacy Officer to arrange for the review. If you are not satisfied with the outcome of the review, you may file a complaint with me (330-202-3903) and/or The Village Network's Client's Rights Officer, Todd Gordon. Mr. Gordon may be reached at 330-202-3805 weekdays from 8:00 a.m. – 5:00 p.m. You may also file a complaint with the Secretary of the Department of Health and Human Services.

\_\_\_\_\_  
Wendi Warren, LPCC, Privacy Officer

\_\_\_\_\_  
Date