



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 Email _____ Fax _____

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 (330-202-3861) 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.

Angie Speigle, LISW-S, Privacy Officer

Date