

Request to Access or Copy Section No.: 10 Protected Health Information (PHI), Personal Information (PI) and Personally Identifiable Information (PII)

INSTRUCTIONS: To request access to inspect and/or copy your records, complete the top portion of this form. You may give this form to your case manager/counselor or mail the completed form to:

CONFIDENTIAL, Medical Records

c/o Kern Behavioral Health & Recovery Services

P.O. Box 1000

Bakersfield, CA 93302

Medical Records staff may contact you to request additional information.

Today's Date:	Medical Record #:
Client Name:	Contact Phone Number:
Social Security #:	Date of Birth:
Name of Person requesting information (<i>if client served is a minor</i>):	Relationship (if Requestor is different from self) Parent Legal Guardian Attorney Other:
Last Treatment Team (if known):	Last Case Manager (if known):

How do you want to receive this information?	 Mail (please complete mailing address below) Pick up (please ensure contact phone number is provided for notification) 	
Mailing address of where information may be sent: Name(s) of authorized person(s)		Name(s) of authorized person(s) to receive
Street Address or P.O. Box		information (Please complete or ensure there is an active Release of Information for all individuals or organizations you are requesting receive this information. KernBHRS will not release records if there is not a valid release on file.):
City State 2	Zip	

I am asking for the following type of access to my personal health information (choose only one):

- □ Inspection of my records only
- Summary of my treatment (administrative charges may apply)
- Copy of my records (cost of records may apply)

I am asking for the following information:

- Clinical records (includes records of services provided, assessments, diagnosis, medications, etc.)
- □ Billing records
- Other: _____

For the following period of time: (be specific)

From: __

Month / Day / Year

То: ____

Month / Day / Year

This authorization will expire one year from signature date.

I need access to my personal health information because: (optional)

See other side for Client Rights Information Your Right to Access Your Information:

- You have the right to request an inspection of your records or to receive copies of information about yourself that is in KernBHRS records. A team supervisor or LPHA will review all requests for access to determine if such access <u>might endanger the life or physical safety of you or another</u> <u>person</u>. KernBHRS has the right to deny access under certain circumstances. Another person may represent you if they are legally authorized to do so by Federal or state laws or regulations.
- If your request for inspection of records is approved, you have a right to inspect your treatment record within five (5) business days following receipt of your request. If your request for a summary is approved, you have a right to receive the summary within ten (10) business days. If your request for copies of records is approved, you have a right to receive a copy within fifteen (15) calendar days from the date of receiving your request. If there are delays in getting you the answer, you will be informed. The delay cannot be more than 30 days. You will receive an response in writing.
- You will be charged a fee for copies or summaries of your records unless you can present proof that the records are needed to support your appeal regarding eligibility for a public benefit program (e.g., Medi-Cal; Social Security Disability (SSD); Supplemental Security Income (SSI). You will be informed of any fees before your records or summary is provided.

You have a right to file a privacy complaint:

Individuals can file privacy complaints with either KernBHRS or with the U.S. Department of Health and Human Services, Office for Civil Rights.

Privacy complaints may be directed to any of the following:

Verbal or written to:

CONFIDENTIAL Privacy Officer Kern Behavioral Health & Recovery Services P.O. Box 1000 Bakersfield, CA 93302 Phone: 888-875-5559

In writing within 180 days of the violation to:

U.S. Department of Health and Human Services Office for Civil Rights Humbert H. Humphrey Bldg. 200 Independence Avenue, S.W. Room 509F HHH Building Washington, D.C. 20201