

WVU Physicians of Charleston

WVU PHYSICIANS OF CHARLESTON REQUEST FOR ACCESS TO HEALTH INFORMATION
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SECTION A: Patient to complete the following information.
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DATE: _____

PATIENT NAME: _____ BIRTH DATE: _____

PATIENT ADDRESS: _____

PATIENT TELEPHONE NO.: _____ SS No.: _____

REQUEST:

I hereby request that [WVU Physicians of Charleston \(WVUPC\)](#) provide me with **(check all boxes that apply)**:

- Access to review of My own copy of the requested information checked below:
- My medical records.
- My billing records.
- Any other personally identifiable information used by WVUPC to make medical decisions about me.
Please describe: _____
- I am interested in access to or obtaining a copy of all requested information maintained by [WVUPC](#)
- I am interested in accessing or obtaining a copy of the requested information relating only the following time period: _____ through _____
- I would prefer to receive the requested information in the form of a summary prepared by [WVUPC](#) at a cost to me of [[\\$_____](#)].

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

- Photocopies Electronic transmission (if available) Other (if available) _____

Signature of patient or legal representative _____

Printed name of patient or legal representative _____

Legal Representative's relationship to patient (if applicable) _____

SECTION B: WVUPC to complete this section.

Request for access or copy is Accepted Denied

If denied, check the following reason for denial:

- PHI is not part of the patient's designated record set
- Federal law forbids making the requested information available to the patient for inspection (e.g., CLIA or Privacy Act of 1974)
- The requested information is psychotherapy notes
- The requested information has been compiled for legal proceeding
- The requested information was obtained under promise of confidentiality and access would be reasonably likely to reveal the source of the information
- The requested information is temporarily unavailable because the individual is a research participant
- Licensed health care provider has determined that access to the requested information would result in physical harm to the individual or others
- Licensed health care provider has determined that the requested information identifies a third person who may be physically, emotionally, or psychologically harmed if access to the information is granted
- Licensed health care provider has determined that access to the requested information by the patient's legal representative could result in harm to the individual
- We are acting under the direction of a correctional institution and letting the inmate access or obtain a copy of the requested information would jeopardize the health, safety, security, custody, or rehabilitation of another person at the correctional institution
- 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 information _____

You do have a right to file a complaint with our facility and may do so by contacting the administrative office of WVUPC, Attn: Susan B. Saxe, R.N., J.D., at 3110 MacCorkle Ave., S.E., Charleston, West Virginia, 25304. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

Staff Comments _____

Signature of WVUPC staff person _____

Print name and title _____

*If your request for access to or a copy of the requested information has been granted,
you will be charged a nominal fee for photocopying and mailing.*