## PATIENT ACCESS TO RECORDS REQUEST FORM

I request access to	health information for:			
NAME:			DOB / ID#	
ADDRESS:	City S	State Z	Zipcode	PHONE: ( ) -
SCOPE OF ACCESS				
All records	Portion of records concerning:			
TYPE OF ACCESS REQUESTED				
Inspection	Please let me know when I may come to inspect the records. I understand that an employee of this organization may be present and that I may not make any marks or alter the records in any way.			
Copies	All records requested OR All records other than X-rays or other exclusions (e.g. psychotherapy notes)			
Transfer	Records requested OROriginal X-rays or other exclusions TO:			
ELECTRONIC COPIES: If you would like electronic copies, please complete the following:				
☐ I would like the information identified ☐ USB Thumb Drive above in a PDF file on: ☐ CD				
☐ Held at Registration Counter for me to pick up				
I would like the	☐ Mailed to me at:			
electronic copies delivered:	☐ Sent via unsecured email to:*			
CHARGES: I understand that you may charge me a reasonable rate for costs incurred.				
Inspection		Electronic		Cost of CD or thumb drive
Paper copies	5 cents per page	Mailing/	Deliver	y Cost of postage
SIGNATURE OF PATIENT or AUTHORIZED REPRESENTATIVE				
Print name:				
RELATIONSHIP TO PATIENT				
*Risks of requests for an electronic copy by email:  If you request it, we will grant your request to send electronic copies via unsecured email to the email address you provided on this request form. By law, we must notify you that there is some level of risk in using unsecured email. For example:  • The email may be stored by the Internet Service Providers who provide transport of electronic mail • Your email service provider has access to your stored emails • A hacker or other unauthorized individual could use technical means to access the email • Our office might inadvertently select the wrong recipient when sending the email				

Once the email is received at your end it may become vulnerable to unauthorized exposure.

Lincoln-Lancaster County Health Department

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