

**Catholic Charities Bloomington
(CCB)
Client Request To Access Protected Health Information (PHI)**

Name: _____

Social Security Number: _____

Date of Birth: _____

Description of Protected Health Information Requested:

1. This request will terminate sixty (60) days after the date listed below.
2. I understand that CCB may deny my request if it is permitted to do so by state and federal law.
3. I agree that the CCB may provide a summary of the information requested instead of copies of the actual records. I agree to pay CCB all reasonable fees incurred in preparing the summary and providing it to me.

Client (or Personal Representative*) Signature

Date

Printed Name

If signed by Personal Representative, state relationship

to Client: _____

ORIGINAL: In Client Record
COPY: To Client (or Personal Representative)

**Catholic Charities Bloomington (CCB)
Decision Regarding Client Request To Access Protected Health Information (PHI)**

Name and address of Client:

On _____, 20__, you requested access to inspect and/or copy certain protected health information or "PHI" about you.

Access to the following protected health information is:

_____ Approved (subject to any limitations described here):

_____ Denied (subject to any limitation described here):

The basis for any denial described above is as follows:

- The request is for Psychotherapy Notes. (Unreviewable)
- The information that is the subject of the request was created in anticipation of, or for use in a civil, criminal or administrative proceeding. (Unreviewable)
- A licensed health care professional has determined, upon advice by a physician, and in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of yourself or another person. (Reviewable)
- The information makes reference to another person, who is not a health care provider, and a licensed health care professional has determined, upon advice by a physician, and in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person. (Reviewable)
- The request for access was made by the client's personal representative and a licensed health care professional has determined, upon advice by a physician, and in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person. (Reviewable)
- You are an inmate of a correctional institution and your obtaining a copy of such information would jeopardize the health, safety, security, custody, or rehabilitation of yourself or other inmates, or the safety of an officer, employee, or other person at the correctional institution or person responsible for your transportation. (Unreviewable)
- Other (Describe and state whether Reviewable or not): _____

If access is denied on a ground identified above as "Reviewable," you have the right to have the denial reviewed by CCB Executive Director who is designated by CCB to act as the reviewing official, and who did not participate in the original decision to deny access. To have the above denial reviewed, please contact the Privacy Officer, in writing, at the following address:

Catholic Charities Bloomington
Attention: Privacy Officer
803 N Monroe Street
Bloomington, IN 47404

As stated in our Privacy Notice, you have the right to contact our Privacy Officer at any time if you wish to file a complaint about our privacy policies and procedures or if you believe we have violated your privacy rights. You also have the right to contact the Department of Health and Human Services in Baltimore, Maryland regarding these matters, particularly if you do not believe that we have properly responded to your request. The contact information, both for our Privacy Officer and the Secretary, is as follows:

Catholic Charities Bloomington
Privacy Officer
803 N Monroe Street
Bloomington, IN 47404
(812) 332-1262

Privacy Complaints
U.S. Dept. of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Date

Authorized CCB Staff Member

CCB Staff Member Title

ORIGINAL: Client (or Personal Representative)
COPY: Client Record

**Catholic Charities Bloomington
(CCB)**

Decision By CCB Executive Director When Denial Of Access Is Reviewed

Name and address of Client:

Dear _____:

On _____, 20__, you requested review of CCB's denial of access to your protected health information or "PHI."

CCB reason for denying your request was _____.

Your request for review was referred to CCB Executive Director on _____, 20__. Please note that this individual did not participate in the original decision to deny access.

At this time, I am writing to notify you that CCB Executive Director has upheld/reversed the initial denial of access.

Please contact _____ who will arrange for your requested access to occur.

Very truly yours,

Authorized CCB Staff Member

CCB Staff Member Title

ORIGINAL: Client (or Personal Representative)
COPY: Client Record

03/10