CLIENT REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION (PHI)

Please read the following and complete the information requested:

You have the right to access, inspect and obtain a copy of your protected health information maintained by Premier Psychological Services (PPS) for as long as PPS maintains the PHI. To inspect or copy PHI about you, you must send a written request to the "**Privacy Officer**" whose name appears at the end of this notice. We may charge you a fee for the costs of preparing, reviewing, copying or mailing that are necessary to fulfill your request. We may deny your request to access, inspect and copy in certain circumstances. Clients are not entitled to inspect or obtain a copy of any psychotherapy notes we may have, any information we may have compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding, any information not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. § 263a), and certain other records. If you are denied access to PHI about you, you may request that the denial be reviewed. All determinations and/or records will be provided to you in writing within 15 days of our receiving your written request.

Please type or print neatly; we will not process incomplete or illegible forms.

INDIVIDUAL REQUESTING RECORDS

Last Name: _____ First Name: _____ MI: _____

CLIENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

Date of Birth: ____/____/_____

Please describe the specific protected health information to be accessed (e.g., psychological report, educational records, billing records. **Please include approximate dates of service**):

_____
_____
_____

____ I want a written summary or a written explanation of these records (Fee range: $175-$350)

____I want a copy/printout of my, or my child's, mental health records (I understand PPS may charge a fee. I will be contacted by PPS with an estimate of charges prior to the completion of any request.)

____I want to **pick up the records**. (I understand PPS may charge a fee. I will be contacted by PPS with an estimate of charges prior to the completion of any request. I understand I will be contacted by PPS when the records will be ready to be picked up should my request be approved)

or

____I want the **records mailed to me**. (I understand PPS may charge for mailing out of records. I will be contacted by PPS with an estimate of charges prior to the completion of any request.)

or

____I want the **records 'secure emailed'** to me. (I understand PPS may charge a fee. I will be contacted by PPS with an estimate of charges prior to the completion of any request.) **Please email me at:**_____ **(print clearly)**

____I want to inspect these records on site. (I understand I will be contacted by PPS to establish a mutually agreeable time should my request be approved)

Signature _____ Date_____

Please send to
NANCY PESKIN, **Privacy Officer**
Records Department
Premier Psychological Services
3730 Kirby Drive, Suite 800
Houston, TX 77098

OFFICE USE ONLY

Request _____ GRANTED _____ DENIED Ct notified on_____

Access Type _____ HARD COPIES Total Charges _____ Ct notified on _____

_____ ELECTRONIC ACCESS

Client to _____ PICK UP Client to pick up on or after _____

_____ MAILING REQUESTED Mailing charges _____Ct notified on _____

_____ ACCESS ON SITE Arranged date for access _____

NOTES:_____

_____

****Date Client was sent or picked up records:_____****