County of Sacramento
CLIENT REQUEST TO ACCESS HEALTH RECORDS

PROGRAM NAME AND CONTACT INFORMATION:

Client Name (First, Middle, Last): ***Print Neatly***	
Date of Birth:	**Record #:**
Address:	
City/State/Zip Code:	
Phone #:	
Email (Optional-For questions only)	

RELEASE (disclose) your Protected Health Information to (check one box):

☐ Third Party as Requested by Client — **Complete Recipient Section below:**
☐ Self (Client as shown above)
☐ Personal Representative (see signature box)

Recipient Name:	
Address:	
City/State/Zip Code:	
Phone #:	**Fax #:**

INFORMATION TO BE RELEASED:

☐ All Medical Records *(Except Mental Health, Alcohol/Drug or HIV unless indicated in next section)*
☐ Lab Tests
☐ Medication
☐ Treatment/Personal Service Plan
☐ Discharge Summary
☐ Social History
☐ Attendance Only Records
☐ Consultation Reports/Physician Order
☐ Progress Reports/Notes
☐ Psychiatric/Psychological Assessment/Testing Results
☐ Billing or Payment Information
☐ Records from a specific visit or hospitalization (Enter date and location): _____
☐ Other (Must describe): _____

NOTE: Records relating to mental health, or alcohol/drug departments, or results of HIV antibody tests are specifically protected, and will not be disclosed unless you sign below:

☐ Mental Health records	**Signature**:
☐ Alcohol/Drug dependency treatment records	**Signature**:
☐ HIV antibody test results	**Signature**:

I understand that I have a right to a signed copy of this authorization.

Client's Signature	**Printed Name**	**Date**

Personal Representative's Signature	**Printed Name**	**Date**

Relationship to the Client: (See also VERIFICATION on next page) ☐ Parent ☐ Guardian
☐ Other: Describe _____

INTERNAL USE ONLY:

STAFF PERSON WHO VERIFIED IDENTITY OF THE ABOVE (Print Name):

Request received on (Date):

Request received by (name and location):

Request completed on (Date):

VERIFICATION: We are required to verify you have the authority to sign this form. You will need to provide picture identification, like a California state ID or a California driver's license. (See County HIPAA Privacy Rule Policy and Procedures for other acceptable forms of identification). **You are required to attach a copy of the picture identification or present it in person.**

VERIFICATION for Personal Representative: If the signer is a guardian or legal custodian of an adult, minor, emancipated minor or a representative of a deceased client and is authorized by state law to act on behalf of the individual in making decisions about health care, a copy of the legal authority (guardianship or custody order) must be attached to this form. If the signer is a personal representative that does not have the legal authority, the patient must provide documentation in writing appointing this person as a representative and **this documentation must be attached**.

Your Right to Access Your Information:

- You have a right to request to inspect and/or obtain a copy of your protected health information.
- You have a right to have an answer to your request within 30 days. If the information is not at this location, we may need an additional 30 days to comply with your request. If there are delays in getting you the information, you will be notified in writing.
- You may be charged a fee for copies of your health information.
- Your request may be denied if licensed health professionals involved in your case believe that access to your information could be harmful to you or others or your information was given to County of Sacramento by someone other than a health care provider, under the promise of confidentiality. For some denials, you may have a right to have another licensed health care professional, who was not involved in the original review, review your request.
- County of Sacramento may provide a summary of your health information instead of the actual health information if you agree.

Information Excluded from the Right of Access:

- Psychotherapy notes, which are the personal notes of a mental health care provider documenting or analyzing the contents of a counseling session, that are maintained separate from the rest of the patient's medical record. See 45 CFR 164.524(a)(1)(i) and 164.501.
- Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. See 45 CFR 164.524(a)(1)(ii).

Reference: https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/