

**KEWAUNEE COUNTY
ACCESS REQUEST FORM**

Patient's Name:	_____
	Last First Middle
Home Address:	_____
Home Phone:	_____
Date of Birth:	_____

I hereby request that Kewaunee County provide me with **[please check all boxes that apply]** access to **OR** my own copy of the “Requested Information” checked below:

- My medical records.
- My billing records.
- Any other personally identifiable information used by Kewaunee County to make medical decisions about me.

[Please also check one of the three boxes below:]

- I am only interested in accessing or obtaining a copy of Requested Information relating to the time period _____ through _____.
- I am interested in accessing or obtaining a copy of all Requested Information maintained by Kewaunee County.
- I would prefer to receive the Requested Information in the form of a summary prepared by Kewaunee County at a cost to me of \$35.00.

I understand that any information provided to me pursuant to this request will not include psychotherapy notes, information compiled in reasonable anticipation of (or for use in) a civil, criminal or administrative proceeding or as may otherwise be limited or restricted by applicable law. *If I am a parent or legal guardian requesting access to a minor’s information, I further understand that I will not be provided access to records related to certain categories of treatment as required by law.*

I understand that Kewaunee County may deny this request under limited circumstances as provided for under federal and state law protecting the privacy of health information. I further understand that, except as otherwise permitted under applicable law, I have the right to have a denial of my request reviewed by a licensed health care practitioner selected by the Kewaunee County who did not participate in Kewaunee County’s decision to deny my request.

I understand that Kewaunee County will notify me of its decision to approve or deny my request to access or obtain a copy of the Requested Information within thirty (30) days of receiving this request if the information is maintained or accessible on-site at Kewaunee County or within sixty (60) days if the Requested Information is not maintained or accessible on-site at Kewaunee County. If Kewaunee County is unable to comply with my approved request for

information maintained or accessible on-site within thirty (30) days, it may extend the applicable deadline for up to thirty (30) more days by notifying me in writing.

Please provide the Requested Information to me in **[please check the appropriate boxes]**

- electronic form (on a disc) **OR**
- paper form.

I would prefer to:

- pick-up or view the Requested Information at a mutually agreeable time and place;
- have the Requested Information mailed to me at the following address:

I understand that Kewaunee County will charge me \$.15 per page for the first 10 pages and \$.10 per page thereafter for the copying services necessary to complete my request, as well as any applicable mailing fees.

If I am granted access to the Requested Information, I **[please check the appropriate box]**

- would like would not like

Kewaunee County to provide me with an additional written explanation of such Requested Information at an additional cost to me of \$35.00.

Signature of Patient (or Personal Representative)

Date

Printed name of Personal Representative

Date

Relationship of Personal Representative to Patient

* * * * *

After you have completed this form please return it to the Departmental Privacy Office by mail or by facsimile at the following address: Privacy Office, _____; Facsimile: (____) ____-____).