



Roy Lester Schneider Hospital & Myrah Keating Smith Community Health Center



REQUEST FOR ACCESS TO INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

Medical Record Number:

I, _____ (Print your name)

request access to inspect and obtain a copy of my health information that is maintained at this facility.

Information Requested:

Copy Inspection

- a. ___ History and Physical
b. ___ Visits
c. ___ Results of Laboratory, X-ray or other diagnostic tests
d. ___ Emergency Room Record

- e. ___ Clinical Information
___ Social Summary
___ Adolescent Medical Record
___ Family Planning (Adolescents)

- f. ___ Mental Health Record
___ History
___ Evaluation / Diagnosis
___ Individual Treatment Plan

- g. ___ Treatment for Alcohol or Drug Abuse
h. ___ Treatment for Sexually Transmitted Diseases
i. ___ HIV / AIDS
j. ___ Tuberculosis
k. ___ Other (Specify) _____

I understand that Roy Lester Schneider Hospital & Myrah Keating Smith Community Health Center (RLS & MKS) may deny this request for various reasons specified in the HIPAA Privacy Regulations. These include the following:

Reviewable Grounds for Denial: (You will be informed of these reasons)

- > A licensed health care professional has determined, that the access requested is reasonably likely to endanger your life or physical safety or that of another person.



**Roy Lester Schneider Hospital &
Myrah Keating Smith Community Health Center**



- The Individually Identifiable Health Information makes reference to another person (unless the other person is a health care provider) and a licensed health care professional has determined, that the access requested is reasonably likely to cause substantial harm to such other person; or
- The request for access is made by your personal representative and a licensed health care professional has determined, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

Non Reviewable Grounds for Denial: *(You will not be informed of these reasons)*

- The information is compiled by RLS & MKS in anticipation of litigation
- The information requested is prison medical records
- The information is related to clinical research protocols and you have already consented that such records shall not be accessible to you during the research
- The information was received from a confidential source and disclosure would put the source's confidentiality at risk
- The information is not discloseable under other federal or U.S.V.I. laws

RLS & MKS will charge a fee to cover the cost of copying records and/or postage, as applicable.

Contact the Privacy Official for further information regarding your request or the action taken:

Roy Lester Schneider Hospital
Attention: Patricia Lake-Blyden
Privacy Official
9048 Sugar Estate
St. Thomas U.S.V.I. 00802

I understand that if I do not agree with the decision for the denial of the request, and the denial is reviewable, I may appeal the decision to the Privacy Official listed above.

Patient or Patient Representative	Received by RLS & MKS
Signature:	Signature:
Social Security #:	Department:
Date:	Date:
If signing as a Personal Representative, relationship to patient:	