BHR Behavioral Health Resources	REQUEST FOR CONSUMER ACCESS TO PHI				
Consumer Name		Birthdate		Phone Nu	mber
Consumer Address					
Please specify the information you are requesting					
□ Paper □ CD					
☐ Visual Access Only					
I agree to accept a summary of the Protected Health Information					
If you are requesting more than ten pages, our policy is to charge a fee to process the request. I agree to pay costs associated with this request for access to Protected Health Information.					
☐ No ☐ Yes Fees are: 1 <sup>st</sup> 25 pages at no charge \$6.25 for every 50 pages after the initial 25 Total					
Signature of Consumer or Guardian					Date
Behavioral Health Resources Use Only					
Date Received Access h			has been	Granted	☐ Denied
Comments					
If denied, letter of denial provided to consumer on(date)					
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Reason(s) for denial without right of review (check all that apply).					
Patient agreed to denial of access while in			Reasonably likely to endanger life or		
research project			physical safety of consumer/other person  Documentation makes reference to third		
☐ Information for use in civil, criminal or administrative proceedings			party and granting access is likely to cause serious harm		
<ul> <li>Information obtained from source other than facility under promise of confidentiality and</li> </ul>			Personal representative is requesting		
access would identify the source			Party, and consumer has been or may be subject to domestic violence/abuse/neglect		
☐ Other	Other				
Signature of Privacy Officer or Designee					
	Date				
Consumer Name I.D. #					#