



Treatment Foster Care
and Family-Based Services

2324 University Avenue West #120
St. Paul, MN 55114-1843
651-646-3221
Fax 651-641-0452

REQUEST TO ACCESS, INSPECT, OR OBTAIN PROTECTED HEALTH INFORMATION

Request:

I request to review health information held about me in the PATH, Inc. "designated record set" in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that PATH, Inc. has 30 days to respond to this request, and that if someone else holds the information or it is off-site, the response time is 60 days.

Information:

Consumer Name: _____

Date of Birth: _____

Street Address: _____

City / State / Zip: _____

Telephone Number: (_____) _____ E-mail Address: _____

Agreement:

I agree that PATH, Inc. may provide a summary of health information instead of allowing me to review the information (check response below):

Yes

No

I agree to pay any fees for copying or summarizing my health information. Fees will be reasonable and cost-based, and include only the cost of copying, postage, and preparation of a summary (if I agree to a summary).

I understand that this request does not apply to certain health information, including: (1) information that is not held in the designated record set; (2) information compiled in reasonable anticipation of or for litigation; and (3) other information not subject to the right to access information under HIPAA.

Signature:

Signature: _____ Date: _____

If signed by the consumer's representative, explain authority to act on behalf of the consumer:

Please mail this completed form to the address listed below:

PATH, Inc. Privacy Office, 2324 University Avenue West, Suite 120, St. Paul, MN 55114-1843