



1000 Highway 12 - Hettinger, North Dakota 58639 - Telephone 701-567-4561

REQUEST FOR PATIENT TO REVIEW MEDICAL RECORDS

This form is to be used by the patient to request an opportunity to examine or copy Protected Health Information, which is in the possession of West River Health Services.

Information Requested

Please describe the information that you would like to examine or copy. Please specify dates.

Procedure for Review

Your request to inspect or copy your Protected Health Information will be reviewed by a designated privacy official and your health care provider, who will determine if the information requested can be made available to you. We may be legally prohibited from making certain information available to patients or patient representatives, which include:

- Psychotherapy notes
- Information related to legal proceedings
- Information whose disclosure may result in harm or injury to you or to another person

Within the limits of the law, we will make every effort to accommodate your request. We will complete our review of your request and either arrange for you to inspect your records within 30 days of your request, or provide you with a written explanation of any restriction on the information that we can provide you. If we deny your request, in whole or part, you may request that we review that decision. **Copies may be obtained according to the policy of West River Health Services.**

Name of Patient (Please print)

Date of Birth

Signature of Patient

Date

Signature of Patient Representative and Relationship to Patient

Office Use Only:

Review with Physician: Yes No

Review with HIM Manager: Yes No

Signature of Physician: _____