



# REQUEST TO TRANSMIT PROTECTED HEALTH INFORMATION (PHI) TO THIRD PARTY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
LEGAL ADVISORY UNIT  
SFN 1978 (1-2017)

Client Name	Date of Birth	Telephone Number	
Address	City	State	ZIP Code
Unit	Case Number		

- PHI is any information created by the Department of Human Services (DHS), or received from a health care provider, health plan, or health care clearing house, about your health care. Information may include your name, address, birth date, phone number, social security number, Medicare number, health information, diagnoses, medical treatments received, and information on your health insurance policies.
- DHS cannot give you access to psychotherapy notes.
- DHS may deny you access to your PHI if it was given to DHS by someone other than a health care provider, under the promise of confidentiality.
- DHS may deny you access to your PHI if it was compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
- Your request may be denied if professionals involved in your case believe that access to your information is likely to endanger the life or safety of, or cause substantial harm to, you or another person.
- DHS is prohibited from disclosing information protected under the federal law governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, without written authorization. If the information specified below contains alcohol or drug abuse treatment information, a valid authorization is also required in order to process your request.
- Electronic information might not be readily producible by electronic means.
- **There may be fees associated with your request.**

## PHI TRANSMITTED

Indicate the PHI to be Transmitted Including Dates Covered (be as specific as possible)

**FORMAT AND MANNER OF REQUEST**

**PLEASE PRINT CLEARLY.** If we are unable to accommodate your request in a specific format, we will contact you via the telephone number provided on page 1 to make other arrangements.

<input type="checkbox"/> <b>Transmit via US Mail</b> (Indicate format): <input type="checkbox"/> Paper <input type="checkbox"/> Digital			
Name of Person or Entity			
Address	City	State	ZIP Code
Signature of Client or Legal Representative		Date	

<input type="checkbox"/> <b>Transmit via Fax</b>	
Name of Person or Entity	Fax Number
Signature of Client or Legal Representative	Date

<input type="checkbox"/> <b>Transmit via Email</b> (Email will be sent securely (encrypted) unless unencrypted Email is specified below)	
Name of Person or Entity	
Email Address	
Signature of Client or Legal Representative	Date

**UNENCRYPTED EMAIL**

**If you are requesting DHS to send copies of the requested confidential information or PHI by unencrypted Email, please note that unencrypted Email is NOT a secure form of communication. There is some risk that confidential information or PHI that may be contained in such Email may be misdirected, disclosed to or intercepted by, unauthorized third parties. I consent and accept the risk in transmitting the requested confidential information or PHI via unencrypted Email.**

Signature of Client or Legal Representative	Date
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**FOR DHS USE ONLY**

Date Request Received	Date PHI Transmitted
<input type="checkbox"/> Client authorization required and obtained. <input type="checkbox"/> Unable to accommodate format requested. The individual and DHS have agreed upon the following format or hard copy format (specify below):	
Additional Comments	
Staff Member Processing Request	Date