REQUEST TO ACCESS CONFIDENTIAL INFORMATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
LEGAL ADVISORY UNIT
SFN 1979 (9-2013)

Clear Fields

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

If you are requesting to access or obtain copies of your confidential information created by the Department of Human Services (DHS), please consider the following:

- Federal or State laws and regulations may prohibit DHS from providing you with access or copies to some or all of your record.
- Federal and State laws and regulations may permit DHS to deny you access to or receipt of copies of some or all of your record.
- DHS may determine that your record contains information that requires interpretation in order to be properly understood. If you insist on reviewing the records without the explanation from a DHS staff member, you will be asked to sign and date a statement at the end of this form.
- **There may be fees associated with your request.**

If you are requesting to access or obtain copies of your protected health information (PHI) created by DHS, please also consider the following:

- PHI is any information created by the Department, or received from a health care provider, health plan, or health care clearinghouse, 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.
- Electronic information might not be readily producible by electronic means.

I would like to:

- ☐ Access my confidential information
- ☐ Access my PHI
- ☐ Obtain a PAPER copy of my confidential information
- ☐ Obtain a PAPER copy of my PHI
- ☐ Obtain an ELECTRONIC copy of my PHI if readily producible

I want to access or obtain a copy of the following confidential information or PHI (be specific):

Time Period

From: To:

☐ Contact me to schedule a date/time to access my confidential information or PHI at:
☐ Notify me when the copies of the requested confidential information or PHI are ready to be picked up at:
☐ Send the copies of the requested confidential information or PHI to me at:

Signature of Client or Legal Representative	Date

UNENCRYPTED E-MAIL

If you are requesting DHS to send copies of the requested confidential information or PHI by e-mail, please note that unencrypted e-mail is NOT a secure form of communication. There is some risk that any confidential information or PHI that may be contained in such e-mail 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 e-mail.

Signature of Client or Legal Representative	Date

FOR DHS USE ONLY

Staff Member Processing Request	Date

Request

☐ Approve ☐ Approve in Part _____

☐ Deny* ☐ Deny in Part* _____

☐ Approve with recommendation that a staff member explains

* Please note before you deny, in whole or in part, the client's request to access or obtain his or her record, staff member needs to consult with DHS Privacy Officer or Legal Advisory Unit.

CLIENT REJECTION OF STAFF MEMBER EXPLANATION

I, the above-named client, have requested an opportunity to access or obtain copies of the contents of my records. I have been advised by agents of the _____ (unit) of their belief that it would not be in my best interest to access or obtain copies of certain contents of my records without the explanation from a staff member. I have rejected that advice, and I continue to assert my request to access or obtain copies of the entire contents of my records unassisted. I agree to hold the unit, as well as all other contributors to the records which I have requested, harmless as to any damages I might incur or suffer due to my requested disclosure of information contained in my records.

Signature of Client or Legal Representative	Date