



**REQUEST TO ACCESS RECORDS AND INFORMATION NON-PROTECTED
HEALTH INFORMATION (NON-PHI)**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LEGAL DIVISION
SFN 1982 (9-2022)

You (or your legal representative) may have the right to request access to and obtain copies of your information in records maintained by Department of Health and Human Services' (Department) divisions or programs that are not considered health plans and do not provide health care. A separate request must be made to each Department division or program. If your request is to a Department health plan, health care facility, or program providing health care, please utilize SFN 1979, Request to Access Protected Health Information (PHI).

The Department will try to respond to your request within 30 days from the receipt of your request.

The Department will make every effort to provide the information in the form and format that you request. If the Department cannot produce the information in the requested form or format, it will provide the information in a readable hard copy form. The Department may charge you a fee for providing you with copies of your information, and may require fees be paid in advance. The Department may verify the identity and the authority of the person requesting access to the information.

CLIENT INFORMATION

Client Name (Last, First, Middle Initial)			Date of Birth	
Previous Names Used				
Address		City	State	ZIP Code
Name of the Department Division or Program Your Request Applies To				
Telephone Number (if we have questions regarding your request)				

ACCESS AND INFORMATION

Type of Access Requested (check only one)	
<input type="checkbox"/> Obtain Copies of Information	<input type="checkbox"/> View Information

Specify the Information Below (be as specific as possible including, type of information and dates)

Information may be viewed during normal working hours by appointment. A Department representative will be present during your review to answer any questions you may have. Information may not be removed from the Department premises, however, you may request copies (fees may apply).

Information not picked up within 10 days from date of notification will be destroyed and a new request must be submitted.

The Department may charge you a fee for providing you with copies of your information, which may include the cost of labor, supplies and postage.

Special Notice Regarding Email: If you chose to receive the information through email, be advised that emails from the Department are unencrypted (unsecure), which means the added security protections that help safeguard the contents of emails are removed. The privacy and security of emails cannot be guaranteed. There is risk that confidential information contained in emails may be misdirected, disclosed to, or intercepted by an unauthorized recipient. The Department will rely on the contact information you provide. The Department is not liable for emails that are not received due to technical failure or for improper disclosures of confidential information. The Department is not responsible for any fees imposed by your email service provider. You should not agree to receive emails unless you are willing to accept these risks. Your signature on this document is your consent to receive the information through unencrypted (unsecure) emails from the Department. Your consent applies only to emails regarding this request to access information. Emails may be included in your Department record.

Select the format and delivery method of the PHI below (check only one). Please print clearly and verify the information provided is accurate.

<input type="checkbox"/> Mail Information To:	Address	City	State	ZIP Code
<input type="checkbox"/> Email Information To:	Email Address			
<input type="checkbox"/> Pick Up Information. Notify Me When Ready for Pick Up:	Telephone Number	Email Address		
<input type="checkbox"/> Contact Me to Arrange Date/Time to View Information in Person:	Telephone Number	Email Address		

All requests must be signed and dated. If you are signing this form as a legal representative other than a parent of a minor child, you must attach documentation that establishes your legal authority to act on behalf of the client if not already on file with the Department.

Signature of Client or Legal Representative		Date
If Legal Representative, Print Name	Relationship to Client	

FOR DEPARTMENT USE ONLY

Date Request Received by Department		
Determination (check only one) <input type="checkbox"/> Approved <input type="checkbox"/> Denied in Part <input type="checkbox"/> Denied in Whole		
Comments		
Printed Name of Department Representative	Signature	Date Completed