

# Request for Access to Health Information

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*Unity House's participants have the right to inspect and obtain a copy of most information in our records that may be used to make decisions about them or their treatment for as long as we maintain the information in our records. Participants may also request that we provide a summary of the information (instead of copies) or an explanation of complicated information. Please see our Notice of Privacy Practices for a more detailed description of these rights and the process we follow once we receive a request. To request access to records, please complete and return this request form.*

Participant \_\_\_\_\_

Name:

Date of Request: \_\_\_\_\_

## Access Request

*Please answer the following questions. Please attach a separate page if more space is needed.*

**What information would you like to access? If possible, please provide relevant date(s) or date range(s).**

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**What type of access of you requesting?**

*Please check all that apply.*

\_\_\_\_\_ Inspect

\_\_\_\_\_ Copy

\_\_\_\_\_ Summary

\_\_\_\_\_ Explanation

***If your request to inspect information is granted, what is the best way for us to contact you to schedule an appointment with our staff to inspect your records?***

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***If you are requesting a copy of your record, please indicate the format you would like:***

[Type here]

\_\_\_\_\_ Hard Copy (paper)

\_\_\_\_\_ Electronic Copy (pdf)

\_\_\_\_\_ Electronic Storage (USB)

***If you are requesting a copy, summary, or explanation of the information, how would you like these materials delivered? You may pick the materials up at our facility or request that we send them to another address by mail or email. Please check the delivery method.***

\_\_\_\_\_ Pick up at Unity House’s office at: **2431 6<sup>th</sup> Avenue, Troy, NY 12180**

\_\_\_\_\_ Deliver by mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Email to:

\_\_\_\_\_

***If your request is being made because of an emergency, please describe the nature of the emergency and the date you need the information. We cannot guarantee that we will be able to meet your deadline, but we will do our very best to accommodate reasonable requests.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Fees**

**Copying and Distribution Costs.** We may charge you a reasonable fee to recover the costs of copying, mailing, and the supplies used to fulfill your request. Our standard fee for processing is \$0.75 per page. We will contact you with an estimate of any fees before we process this record request.

**Summary of Explanation.** We may charge a fee to recover the costs of providing any summary or explanations you have requested. If a summary or explanation has been requested, we will contact you with an estimate of any fees before we prepare these items so that you may decide whether to continue with your request or modify your request to reduce any associated fees.

## Participant Understanding and Signature

*By signing below, I am requesting that Unity House provide me with access to health information in the manner described above. I understand that I will be contacted if any fees may be charged to process this request and that I will have an opportunity to modify or withdraw my request if I do not want to pay those fees.*

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Signature of Participant or Personal Representative

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Printed Name of Participant or Personal Representative

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Date

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Description of Personal Representative's Authority

### Please Submit Completed Form To:

**Colleen Hanaway Seeley**  
Compliance Officer, Privacy Officer  
Unity House of Troy, Inc.  
2431 6<sup>th</sup> Avenue  
Troy, NY 12180  
(518) 687-1591

**For Unity House Use only:**

Does participant/personal rep signature match the signature on file: \_\_\_ Yes \_\_\_ No

If no, how did you verify identity?

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Date received (MO/DY/YR): \_\_\_ / \_\_\_ / \_\_\_

Disposition of request: \_\_\_ Granted \_\_\_ Denied \_\_\_ Partially Denied

Participant notified in writing of response to request on this date (MO/DY/YR): \_\_\_ / \_\_\_ / \_\_\_

Fee charged for fulfilling request (if applicable): \$ \_\_\_\_\_

Name and initials of staff member processing this request:

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Staff Name (Print)

Staff Initials

Date request processed (MO/DY/YR): \_\_\_ / \_\_\_ / \_\_\_