

Request for Access to Health Information

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).

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?

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 6th 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.

Signature of Participant or Personal Representative

Printed Name of Participant or Personal Representative

Date

Description of Personal Representative's Authority

Please Submit Completed Form To:

Colleen Hanaway Seeley
Compliance Officer, Privacy Officer
Unity House of Troy, Inc.
2431 6th 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?

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:

Staff Name (Print)

Staff Initials

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