
**CenterPoint Human Services
4045 University Parkway
Winston Salem, NC 27106
336-714-9100**

Consumer: _____

Record Number: _____

Request to Access Personal Protected Health Information

I request that CenterPoint Human Services provide me Access to review and or have copies of my Personal Protected Health Information contained in my records as documented during my course of treatment. **I understand that CenterPoint has (30) working days to reply in writing to this request. (60) Days if the record is off site.** I understand that a designated professional staff member of CenterPoint Human Services shall be present when I review my protected health information to explain any questions and that the CenterPoint professional may deny access to the information as referenced in the attached CenterPoint Human Services Privacy Notice and the HIPAA Privacy Rule.

Type of Information/Access Requested: _____

Purpose of access _____

Client Signature

Date

Witness

Mailing Address: _____

Phone: _____

Determination of Qualified Professional

I have reviewed the above request and in my professional opinion:

Consumer may have access to protected health information in his/her record.

Consumer should not have access to protected health information in his/her record

Explanation: _____

Qualified Professional

Date

Approval/Review by Medical Director/ Licensed Qualified Professional

To be completed when qualified professional believes access may be harmful to the physical or mental well-being of the consumer and the request is refused.

I agree with above opinion of the qualified professional

I do not agree with the above opinion of the qualified professional and authorize the consumer access as requested because _____

Date

Medical Director or Designee
