What I need to know about requesting my records

Review the Frequently Asked Questions and information on requesting your record. Complete the form Request for Access to Protected Health Information (PHI) on page 3 and follow the instructions for submitting the record request.

Frequently Asked Questions

Who can request my records?
The individual who is the subject of the medical record, and if applicable, a parent, legal guardian, or personal representative can request access to your medical record. Any legal guardian or personal representative requesting access to your record must submit a copy of their court appointment documents with the request.

How do I request my records?
A written request, authorized signature, and photo identification is required to request your records. If records are being requested by a legal guardian or personal representative, court appointment documents must accompany the record request. If the request is mailed, the authorized signature must be notarized. Attached to this information packet is a form that you can complete to specify the date(s) of service and record(s) you would like to access. You may call the HIPAA Privacy Officer at 303-504-6510 with any questions.

How soon can I obtain the records I am requesting?
Once a written request is submitted, the HIPAA Privacy Officer will coordinate with the clinical providers. The clinical staff will determine what access to the mental health records may be granted, or denied in some cases pursuant to Colorado law, and the HIPAA (Health Insurance Portability and Accountability Act. The reviewer determines if access will be granted in-whole, in-part, or denied. The Reviewer must provide, in writing, a notice of approval, approval in-part/denial in-part, or denial. MHCD will list the reason(s) associated with any denial in the written notice.

When will I find out if my request has been approved? How will I be notified?
MHCD must respond to your request within (15) to thirty (30) days of receipt. Sometimes additional time is needed to complete the review. If an additional thirty (30) days is needed, you will be notified by phone or in writing by the HIPAA Privacy Officer. Once a determination has been made, you will receive a letter stating the reviewer’s decision.

What if my request for access to records is denied?
The HIPAA Privacy Officer will send you a letter indicating that the request has been denied, in-whole or in-part, and provide the reason(s) for the denial. Pursuant to Colorado law, access to a mental health record may be granted or denied in some cases. You may have the right to request a review of the denial. If you wish to have the denial reviewed, you must submit the request in writing. The HIPAA Privacy Officer will then pass the request to a Licensed Health Care Professional (Reviewer), who was not involved in the original decision to deny access, for review. Once the review is complete, you will receive a written notice of the Reviewer’s decision from the HIPAA Privacy Officer.
Is there a cost?
When you request a copy of protected health information, there is a cost of copying, supplies, and postage, whether in paper or electronic format.
There is not a cost if you choose inspection.
Inspection: No charge. A date, time, and location to view the record will be arranged with you by the HIPAA Privacy Officer or designee.
Printed Paper Copies: The cost is calculated for supplies and labor not to exceed $25.00, postage charges are applied for mailing.
Electronic Format Compact Disc (CD): Flat fee is $6.50
Secure Email: Flat fee is $6.50 Electronic copies may be sent through compatible secure email.

How to Complete a Request for Access to Protected Health Information
1. Fill in each applicable line on the request form.
2. Check-mark the specific record information you want to access.
3. Enter the specific dates of services you want to access.
4. Sign the form. Only the individual, parent, legal guardian, or personal representative can sign the form. Any legal guardian or personal representative must submit a copy of their court appointment documents with the request.
5. Verification of identity is required. Please bring photo identification such as a driver license, or government-issued ID card. Mailed requests must contain a notarized signature.

How to Submit Your Request
1. Submit at Your Treatment Location.
   Present your photo identification and submit the signed request form to your clinician or the front desk staff. Additionally, any personal representative, legal guardian, or personal representative must submit a copy of their court appointment documents with the request form.
2. Hand Deliver to Medical Records.
   Present your photo identification, submit the signed request form and, if applicable, court appointment documents to the Medical Records Department. Please refer to address below.
3. Mail to Medical Records.
   A notarized signature is required to process a mailed or emailed request. Additionally, any personal representative, legal guardian, or court appointed representative must submit a copy of their court appointment documents.

Medical Record Contact Information
Mental Health Center of Denver
Health Information System Management
Attn: Custodian of Records
4141 East Dickenson Place
Denver, CO 80222
Phone: (303) 504 - 6510
Fax: (303) 504 - 6504
email: HISM_DL@mhcd.org
Request for Access to Protected Health Information (PHI)

Name (subject of PHI): ___________________________________ DOB: _____________ MHCD ID #: _______________
(please print)

Requesting Party (If different than above): _____________________________ Relationship: ______________________
(If applicable, please include a copy of guardian or personal representative appointment order with this request.)

Mailing Address/Phone:  □ Requestor          □ Legal representative       □ Designee*

Address: _________________________________________  Phone: __________________________
_________________________________________  _________________________________________
Email address:  _____________________________________

*Designee. The requestor, or legal representative, may request the PHI in the record be directed to another person
designated by the individual. The individual's request must be in writing, signed by the individual, and must clearly identify the
designated person and where to send the copy of protected health information.

Information requested:
Dates of Service:  From: ___________________________ To: ___________________________

□ Initial Assessment  □ Physician Progress Summary
□ Psychological Testing Report  □ Clinical Progress Summary
□ Medication  □ Discharge Summary
□ Other (if needed, use reverse to specify)

I understand that pursuant to Colorado law, access to a mental health record may be granted or denied in some cases.

How you would like to access protected information when the approval process is completed, select below:
Printed Paper Copies:  Cost includes supplies and labor not to exceed $25.00.
  □ pick-up records       □ mail records postage charges are applied for mailing.
Electronic copy:  Flat fee $6.50
  □ Compact Disc (CD): Flat fee $6.50.
  □ Secure Email:  Flat fee $6.50  Electronic copies sent through compatible secure email.
□ Inspection:  No charge. A date, time, and location to view the record will be arranged with you by the
  HIPAA Privacy Officer or designee.

__________________________________________________________________
Signature of the requestor or requestor’s legal guardian  Date

☐ If this form is mailed the form must be notarized.
NOTE
To prevent delay in completing your request, access request forms that are sent by email or mail, must be notarized in order to confirm the identity of the requesting person.

NOTARY INFORMATION

State of Colorado  )
                     ) ss.
County of ________________  )
Subscribed and affirmed before me
this _____  day
of  ________________, 20 _____

________________________________________
Notary Signature