Mental Health Center of Denver

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. You may call the HISM Department at 303-504-6510 or email at medrecords@mhcd.org with any questions.

How soon can I obtain the records I am requesting?

Once a written request is submitted, the HISM team 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 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.

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 someone from the HISM team. 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 state and federal law, access to a mental health records 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 may be a fee applied to the request. You will be notified by someone from the HISM team if a fee is applied and the total.

Inspection: No charge. A date, time, and location to view the record will be arranged with you by someone from the HISM team.
Printed Paper Copies: The cost is calculated for supplies and labor not to exceed $25.00, postage charges are applied for mailing.
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* form

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.

How to Submit Your Request

1. **Email or Fax**
   The completed form can be sent to our fax or email, as listed below, with a copy of your ID.
2. **Submit at Your Treatment Location.**
   Present your photo identification and submit the signed request form to your clinician or the front desk staff.
3. **Hand Deliver to Medical Records.**
   Go to the administrative office listed below and let them know you are requesting copies of your records. Present your photo identification and submit the signed request form.
4. **Mail to Medical Records.**
   Mail your completed form and other relevant documents to the address listed below.

NOTE: Any personal representative, legal guardian, or court-appointed representative must submit a copy of their court appointment documents.

Contact Information

Mental Health Center of Denver
Health Information System Management
4141 East Dickenson Place
Denver, CO 80222

Phone: (303) 504-6510
Fax: (303) 504-6504
Email: medrecords@mhcd.org

Mental Health Center of Denver

Request for Access to Protected Health Information (PHI)

Name: _____ **DOB:** _____ **MHCD ID#:** _____
(subject of PHI)

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

Contact Information: ☐ Requestor ■ Legal Representative ☐ Designee*
*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.

Mailing Address: _____ **Phone:** _____

_____

_____

Email: _____

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 Federal & CO law, access to my medical records may be granted or denied in some cases.

Please select below how you would like to access the medical record when the approval process is completed:

Printed Paper Copies: Fees include supplies and labor not to exceed $25.00.
☐ **Pick-up records in person** ☐ **Mail records** (Postage charges will apply)

Electronic Copy: Flat fee of $6.50
☐ **Compact Disc (CD)** ☐ **Secure Email**

Inspection: No fees applied.
☐ A date, time, and location to view the record will be arranged with you.

_____ _____
Signature (of requestor or personal representative) **Date**