



**For Individual Access Request**

As provided by the Health Insurance Portability and Accountability Act (HIPAA) and applicable Michigan law, you have a right of access to inspect and obtain a copy of your health information contained in a designated record set. Under certain circumstances Isabella Citizens for Health (ICFH) may deny the patient (or other requestor) access to certain protected health information.

ICFH will respond to this request at the time submitted if possible, but may take up to thirty (30) days from the date submitted for information maintained on ICFH's main campus. Access to laboratory testing results will be allowed 24 to 48 hours after the testing is complete. For information not maintained on ICFH's main campus, ICFH may take as long as sixty (60) days to respond. The response may include the following actions: provide access to and/or copies of the requested information, request an extension before allowing access to and/or copies of the requested information, or issue a written denial explaining the reasons for the denial and whether you are entitled to have the denial reviewed under applicable law.

ICFH may charge you a fee to cover the cost of labor, copying, postage, and preparing a summary of the requested information.

**REVIEW SECTION:**

Decision: Grant the Access Request \_\_\_\_ Deny the Access Request \_\_\_\_

Reason for Denial (Non-Reviewable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Denial (Reviewable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Reviewer's signature)

\_\_\_\_\_  
(Date)

If your request for access to protected health information has been denied, you may have the right to request a reconsideration of the denial decision. You must submit your request for reconsideration in writing to the Central Michigan Community Hospital Privacy Officer at the address at the top of page one of this form. You may obtain a *Request for Reconsideration of Denial of Access to Protected Health Information* form from the Medical Records Department.

As required by the Health Insurance Portability and Accountability Act (HIPAA), you have the right to voice your concerns about our privacy policies, procedures or actions. Central Michigan Community Hospital will not engage in any discriminatory or other retaliatory behavior against you because you voiced your concerns. All concerns must be submitted in writing to the Quality Improvement Department at the address at the top of page one of this form.

You may also file your concerns with the Secretary of the United States Department of Health and Human Services.