

Determination to Grant Access to Medical Record

Approved as requested Approved in part Denied

Approved as requested:

LPHA signer reviewed the record and determined that access to the record will not seriously physically harm the client or another person. If the record pertains to a minor, access will not interfere with the therapeutic relationship or cause physical or emotional harm to the minor.

Signature

Date

Printed Name/Title

Approved in part:

Description of partial information for access: _____

LPHA staff removed or arranged for the removal of any information:

1. Furnished in confidence by someone other than the client
2. Furnished by another provider
3. Relating to someone other than the client
4. Relating to a Drug & Alcohol treatment Program
5. Which could seriously harm client
6. Which could seriously harm therapeutic relationship

Signature

Date

Printed Name/Title

Denied:

LPHA staff reviewed the record and made a determination that there is substantial risk of significant adverse or detrimental consequences to the client in seeing or receiving a copy of the record. Describe:

Signature

Date

Printed Name/Title

Staff will inform the client of this decision and his/her rights to designate a licensed physician, psychologist, or social worker to review the record or obtain copies.

Inspection:

Direct access for inspection is approved. Staff will contact the requesting party and a time will be arranged for inspection within five (5) working days of receipt of the Client access request.

Estimated duration of inspection time: _____

Appointment time date and time: _____

Person inspecting record: _____

Clinic Location: _____

Summary:

LPHA staff reviewed the record and will complete or request a summary of the whole record or episode specified within 10 working days of receipt of the Access Request.

Signature

Date

Estimated summary prep time: _____

(Printed Name and Title)

Client Name: _____ Record Number: _____