

## Utah State Hospital Access to Records Request Form

*(For use by individuals/personal representatives requesting access to their own records.)*

Return Address: Medical Records Department, Utah State Hospital, P.O. Box 270, Provo, UT 84603-0270  
Phone: (801) 344-4289 Fax: (801) 344-4223

Name:	Date of Birth:
Address:	Phone Number:

If you are asking for access to your healthcare records that we have, please consider the following:

- You may ask to access, look at or receive a copy of healthcare information about yourself that is in our records.
- We cannot give you access to psychotherapy notes.
- We may deny you access to your information if it was given to us by someone other than a healthcare provider, under the promise of confidentiality.

I am asking for copies of my healthcare information for the following time period.

From: \_\_\_\_\_ To: \_\_\_\_\_

Please indicate below what information you are requesting:

_____ Discharge Summary	_____ Physical Examination	Other: _____
_____ Treatment Plan	_____ Psychological Assessment	_____
_____ Psychiatric Assessment	_____ Social History	_____

*(See other side for information about your rights)*

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

**This section to be completed if access is being requested by Guardian/Personal Representative:**

I am legally authorized to make healthcare decisions on behalf of this individual.

Legally Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Representative's Authority to act on behalf of the individual: \_\_\_\_\_  
(Please attach documentation supporting legal authority)

**Your Right to Access Your Information:**

- You have a right to request access, look at or receive a copy of healthcare information about yourself that is in USH records.
- You have a right to have an answer to your request within 30 days. If the information is not at this location, you have the right to have an answer within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- Your request may be denied if professionals involved in your case believe that access to your information could be harmful to you or others.
- The reviewer must decide, within a reasonable time, whether to approve or deny your request. You will get an answer in writing. The answer will include the reason for the decision.
- You have the right to file a privacy complaint. Privacy complaints may be directed to any of the following:

Privacy Officer  
Medical Records Department  
Utah State Hospital  
P. O. Box 270  
Provo, UT 84603-0270  
(801) 344-4219

U.S. Department of Health and Human Services, Office for Civil Rights  
1961 Stout Street, Room 1185 FOB  
Denver, CO 80294-3538  
Voice Phone (303) 844-2024  
FAX (303) 844-2025 TDD (303) 844-3439  
e-mail: [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov)

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Approved	<input type="checkbox"/>	_____
Denied	<input type="checkbox"/>	_____
Delayed	<input type="checkbox"/>	_____
If delayed, we will act on your request by: _____		
Comments: _____		
_____		
_____		
_____		
USH Representative Signature		Date