



Region 6 Behavioral Healthcare

4715 South 132nd Street
Omaha, NE 68137
Phone: (402) 444-6573
FAX: (402) 444-7722

Request to Access Records

Person Served: [Click here to enter text.](#) **Date of Birth:** [Click here to enter text.](#)

Approximate Dates of Service: [Click here to enter text.](#)

Date of Request: [Click here to enter text.](#)

Person Served Address: [Click here to enter text.](#)

Description of information to be inspected or copied: [Click here to enter text.](#)

How would you like to receive the information? (Include address or email to send the information to)
[Click here to enter text.](#)

If the information is sent via email, it will be sent encrypted unless you ask for it not to be.

I understand I have the right to inspect and/or receive a copy of my record for services received by Region 6 Behavioral Health. I understand that I may make a request to copy and inspect for as long as Region 6 maintains my record. I understand that I have the right to receive my record electronically if Region 6 maintains an electronic record.

I understand that I do not have the right to access psychotherapy notes, information compiled in anticipation of judicial proceedings or litigation, or information that is subject to or exempt from the Clinical Laboratory Improvements Amendments of 1988.

I understand that my healthcare provider may deny access to my PHI without an opportunity for review in four situations:

1. If I am an inmate requesting access and such access would jeopardize my or any other person's health, safety, security, custody, or rehabilitation.
2. If the information was obtained during research, the research is in progress, and I agreed to the denial of access when consenting to participate in the research.
3. The information is subject to the Privacy Act 5 U.S.C. 552a.
4. The information requested was obtained under a promise of confidentiality and inspection or copying will reveal the source.

I understand that my healthcare provider may deny access to my PHI and that I have an opportunity to have the denial reviewed for three reasons:

1. A health care professional determined that my access is likely to endanger my or another person's life or safety.
2. The information identifies another person and access is likely to cause harm to that person.
3. My personal representative made the request and the health care professional has determined that access would cause harm to me or another person.

Unless a Nebraska State law restriction applies, I understand that I may be charged a fee for the labor for copying the record (\$0.50 per page cost) and supplies for creating the paper copy or for electronic media such a USB drive or compact disc. I understand that my request will be acted upon within 30 days if the information is maintained on-site and within 60 days if the information is maintained off-site. I further understand that my healthcare provider may request a 30-day extension. Region 6 will notify me in writing if an extension is requested or if my request is denied.

I understand that I may appeal the decision or make a complaint to the Privacy Officer in writing or I may make a formal complaint to the Secretary of the Health and Human Services Department by contacting the Privacy Officer at the address at the top of this form.

Persons Served Signature / Parent if Minor/Guardian

Date

Responsible Party's Signature (If Not Same as Person Served or Parent)

Date

Description of Responsible Party's Authority to Sign

**For Region 6 Use Only--
Region 6 Response:**

_____ Access to your PHI has been accepted.

_____ Access to your PHI has been denied.

Reason for Denial:

