

ACCESS TO RECORDS REQUEST

Michigan Department of Health and Human Services

This records request form concerns records maintained by Medicaid, other medical assistance programs, state facilities, and any other component of MDHHS that is subject to the HIPAA Privacy Regulations.

Consider the following when requesting access to your records:

- You may ask to review and/or obtain information about yourself from records that the Michigan Department of Health and Human Services (MDHHS) maintains. The records MDHHS maintains are limited to services provided by MDHHS programs. If you are seeking medical records, you should ask your physician.
- The MDHHS may deny access to any information if given to MDHHS by someone other than a health care provider, under the promise of confidentiality.
- The MDHHS can deny or limit your access to information in certain limited circumstances. You may be asked to contact your direct care provider to access psychotherapy notes or other treatment information if your direct care provider created the original record.
- If you are denied access to your information, you will be told why. You may request a review of the denial.

Directions: Type or print all requested information with exception of signatures.

Name of Facility or MDHHS program that maintains the individual's records

Individual's name (beneficiary, recipient, patient, consumer, etc.)	Individual's ID number (Medicaid, SSN, other)
---	---

Street address	Individual's date of birth
----------------	----------------------------

City	State	ZIP code	Phone - -
------	-------	----------	--------------

Records requested for access (identify type and amount of information, including dates where appropriate)

You may request that records be sent to you (or your designee) by email, fax, or U.S. mail. Please note that not all records are available electronically. Only records that are readily producible in electronic format will be sent electronically. Please specify below how you prefer to receive the records requested.

Email
 Fax
 U.S. Mail

Send records to (specify individual if different from individual whose records are being requested)

Street address

City	State	ZIP code
------	-------	----------

Email	Fax number
-------	------------

Legal representative's name	Legal representative's relationship to individual (A letter of authority may be requested)
-----------------------------	--

Signature of Individual or legal representative	Date
---	------

You have the following rights to access your information:

- You have a right to have an answer to your request within 30 calendar days.
- If there are delays in getting you the answer, you will be told of the delay.
- The delay cannot be more than 30 calendar days.
- You will receive an answer in writing.
- You may be charged a reasonable cost-based fee.
- Your request may be denied in certain limited circumstances.

Send the completed form to:

Privacy Office, MDHHS
333 South Grand Avenue
Lansing, MI 48933
Fax: 517-241-1200
Email: MDHHS-Subpoena@michigan.gov

You have the right to file a privacy complaint:

Individuals can file privacy complaints with either MDHHS or the U.S. Department of Health and Human Services, Office of Civil Rights. You will not be penalized for filing a complaint.

Privacy complaints may be directed to either of the following:

Michigan Department of Health and Human Services
PHCS Legal Division, Bureau of Legal Affairs
333 South Grand Avenue
Lansing, MI 48933
Phone: 517-284-4844 or 517-284-4849
Fax: 517-241-1200
TTY: 800-649-3777 of 711
Email: MDHHS-Subpoena@michigan.gov

OR

Region V, Office of Civil Rights
US Department of Health and Human Services
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
Phone: 312-368-1019
Fax: 312-886-1807
TTY: 800-537-7697
Email: OCRComplaint@hhs.gov

MDHHS Use Only

Approved

Denied

Delayed

Date: _____

Date: _____

Date: _____

Comments:

MDHHS representative signature

Date

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Authority: This form is acceptable to the Michigan Department of Health and Human Services as compliant with HIPAA privacy regulations, 45CFR Parts 160 and 164 as modified August 14, 2002.