

**INDIVIDUAL'S REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION**

INDIVIDUAL'S NAME	SOCIAL SECURITY NUMBER
STREET ADDRESS	BIRTH DATE
CITY/STATE/ZIP CODE	OTHER IDENTIFIER (E.G., DCN)

**LIST SPECIFIC INFORMATION TO BE ACCESSED (To be completed by individual requesting access)**

SPECIFY INFORMATION REQUESTED, INCLUDING DATES COVERED

THIS REQUEST IS FOR PHI HELD BY THE

- FAMILY SUPPORT DIVISION     
  MO HEALTHNET DIVISION     
  DIVISION OF YOUTH SERVICES  
 CHILDREN'S DIVISION     
  DIVISION OF LEGAL SERVICES     
  ALL DIVISIONS OF THE DEPARTMENT  
 UNKNOWN

IF REQUEST COVERS MULTIPLE DIVISIONS, EMPLOYEE WILL FORWARD TO THE DIVISIONAL PRIVACY OFFICER AFTER THE CLIENT COMPLETES THE TOP PORTION.

CHECK FORMAT YOU PREFER:

- PAPER   
  COMPUTER DISK   
  MICROFICHE   
  FAX: \_\_\_\_\_   
  OTHER \_\_\_\_\_  
(FAX NUMBER)

MAILING ADDRESS

INDIVIDUAL OR INDIVIDUALS' PERSONAL REPRESENTATIVE SIGNATURE (WRITTEN DOCUMENTATION REQUIRED)

DATE

**BELOW TO BE COMPLETED BY EMPLOYEE RECEIVING REQUEST**

DATE RECEIVED	EMPLOYEE NAME	DIVISION/COUNTY
EMPLOYEE SIGNATURE		DATE

- Access is Granted.** If granted, provide a copy of completed form to the individual, send a copy to Divisional Privacy Officer and place original form in individual's case file. Disregard remainder of form.

**ACCESS MAY BE DENIED BY THE DIVISIONAL PRIVACY OFFICER FOR THE REASONS LISTED BELOW.**

If the staff member receiving this request believes any of the possible reasons for denial listed below may apply, you should separately document the reason for concern and forward along with copies of the materials in question to the Divisional Privacy Officer for a decision.

- Individual agreed to denial of access while in research project
- Information for use in civil, criminal or administrative proceeding
- Information obtained from source other than DSS under a promise of confidentiality and the access would identify source
- DSS received a competent court order which limits the release or use of this information
- Access is otherwise precluded by law
- Access is likely to endanger the life or physical safety of the individual or another person
- The information makes reference to someone other than the individual and the access may cause serious harm
- The individual has been or may be subjected to domestic violence, abuse or neglect or endangerment through release of the information to a personal representative
- Psychotherapy notes (These are only the notes taken during a counseling session and do not include a summary, evaluation or diagnosis written after a session with the patient)

**DIVISIONAL PRIVACY OFFICER DETERMINATION**

- Access is Granted.** If granted, return a copy of completed form to employee who will follow directions above for access granted. If access covers different offices/divisions, refer to DSS Privacy Officer for coordination.  
 **Access is Denied.** If denied, send a letter to the individual explaining the reason and their right to request review if applicable, with a copy to the DSS Privacy Officer and the individual's case file.

DIVISIONAL PRIVACY OFFICER SIGNATURE	DIVISION	DATE
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