



UNIVERSITY HEALTH CENTER

by Nebraska Medicine

Request for Access to Protected Health Information Form 27.35a

Please complete this entire form to request inspection or copies of your personal health information maintained by the University Health Center (UHC). We will notify you when your request has been processed and the records are ready for inspection or have been copied and the fee for your request. There are certain circumstances in which your request may be denied. If your request has been denied, you will be notified of the denial and the reasons why. UHC cannot process your request if this form is not complete.

Patient Name (please print clearly): _____ Date of Birth: _____

Current Address: _____

Phone Number: _____ NUID or Account #: _____

Dates of records requested (state a specific time period or "all"): _____

Please check below the information which you would like to review (you may check more than one box):

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergy records | <input type="checkbox"/> History & Physical | <input type="checkbox"/> X-ray reports |
| <input type="checkbox"/> Clinic progress notes | <input type="checkbox"/> Immunization records | <input type="checkbox"/> Other (be specific): _____ |
| <input type="checkbox"/> Dermatology records | <input type="checkbox"/> Laboratory results | _____ |
| <input type="checkbox"/> Dietician notes (after Dec. 2011) | <input type="checkbox"/> Physical therapy | |

Please designate the method of review:

Mail

- Receive copy by regular mail at the following address: _____

Electronic Copy

- Format Request: PDF
 Other format (please specify): _____

- Media: Transmitted to me at the following email address: _____

I UNDERSTAND THE RISKS IN RECEIVING MY PROTECTED HEALTH INFORMATION VIA UNENCRYPTED E-MAIL AND THAT IT MAY BE READ BY A THIRD PARTY.

Signature of patient or patient's personal representative

Date

Authority of personal representative

We will not process this request unless it is signed by you or your representative.