IOWA Health and Human Services

Request for Access to Health Information

Name of Client		Date of Request
Mailing Address – Street or P.O. Box		State ID
City, State, and Zip Code	Phone Number	Date of Birth
Email Address	Preferred Method of Communication ☐ Email ☐ Mail ☐ Phone	

Check all the programs that apply:

☐ Medicaid ☐ Hawki ☐ Woodward Resource Center

☐ Cherokee Mental Health Institute ☐ Independence Mental Health Institute

To be completed by the client or client's personal representative

I ask the Iowa Department of Health and Human Services (Department) to give me access to the following health information about me or members of my family. I understand that I will get the information or a denial of my request within 30 days if the information is easily available. If the information is not easily available, I will get it within 60 days unless the Department writes to me giving me the reasons for needing more time (up to 30 more days).

I understand that there may be a charge for making a copy of this information and that I will be told of the charge before I receive the information.

I understand that there are certain types of health information that the Department cannot release by law, such as psychotherapy notes. I understand:

- If my request is denied because a healthcare professional believes the information may cause harm to me or to someone else, I can ask that another healthcare professional review the decision. If the second healthcare professional still denies my request, I can appeal that decision.
- If my request is denied for any other reason, I can appeal the decision. Appeal directions will be provided to me in the decision documentation I receive.

I would like access to the following health information: **(Name the subject of the information.)**

_____

_____

_____

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_____

I want this information for the following dates:

From: _____ To: _____

Client or Personal Representative Signature	Date
Representative Printed Name	Relationship to Client

To be completed by Privacy Officer	
☐ Request is granted. ☐ Request is denied. Reason for denial: _____ _____	
Manual and Rule Reference:	
Privacy Officer Signature	Date