



[Locations](#)
317 North Main Street and 1075 Tolland Turnpike
Manchester, CT 06042
860.643.2101 | www.ccginc.org

Request for Access to Protected Health Information

Client Name: _____ Client Date of Birth: _____

Legal Guardian Name: _____ Phone Number: _____

Legal Guardian/Client Address: _____

I am requesting access to _____'s protected health information that is currently maintained by Community Child Guidance Clinic.

I would like to access the protected health information by (check all that applies):

Inspecting the protected health information.

- If my request is approved, Community Child Guidance Clinic will contact me at the address listed above to instruct me how to arrange for a convenient time and location to inspect my requested protected health information.

Obtaining a copy of the protected health information.

- Would you accept a summary or explanation of the protected health information in lieu of access?
Yes No
- If my request is approved, Community Child Guidance Clinic will mail the requested protected health information to the address listed above.
- If you prefer to pick up the information from Community Child Guidance Clinic during normal business hours, please check here.

I request the following access to the protected health information:

All of the protected health information, or

Some of the protected health information as follows (*please include specific limitations on dates, episodes of care or other limitations and information to assist Community Child Guidance Clinic in providing access to a portion of the information*):

Agreement

I understand that my rights with regard to this request for access are set forth in Community Child Guidance’s Notice of Privacy Practices. By signing this form, I agree to pay the reasonable costs of preparing, copying, mailing or other supplies and labor associated with my request, up to the maximum amount allowed by law.

Legal Guardian/Client Signature

Date

FOR CCGC USE ONLY

Date Received

Privacy Officer - Nancy Dube