



REQUEST FOR ACCESS TO INSPECT AND/OR COPY PROTECTED HEALTH INFORMATION

Complete the following for the individual whose information is being requested:

Patient Name	
Street Address	Telephone No. ()
City / State	Social Security No. / /
Zip Code	Birth Date / /

Please mail the requested Protected Health Information to me at:

- ☐ the address above ☐ an alternate address: _____
- ☐ Check here if you would like the protected health information to be sent in electronic format, if available.
- ☐ Check here if you would like to pick up the requested information in person.

I am requesting the following Protected Health Information:

1. Date(s) of service: _____
2. Provider(s): _____
3. Type(s) of information: _____

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Entire Chart |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Medication Admin. Record | <input type="checkbox"/> Physicians' Orders | <input type="checkbox"/> Detail Billing |
| <input type="checkbox"/> Intake Assessments | <input type="checkbox"/> Nurses' Notes | <input type="checkbox"/> Drug Screen History | <input type="checkbox"/> Consultations |

☐ Other (please describe): _____

☐ Check here if you would like to inspect and/or copy the requested information in person.

Signature of Patient or Legal Representative/Guardian: _____

Name (printed): _____ Date: _____

Authority/Relationship of Representative to Patient: _____ Phone Number: _____

(If you are the Personal Representative, other than a parent or legal guardian, please attach a copy of any documents verifying your position as Personal Representative.)

Complete and mail this form to: Crossroads Treatment Centers
200 E. Broad St, Ste 300
Greenville, SC 29601
Attention: Privacy Officer

FOR USE BY CROSSROADS TREATMENT CENTERS ONLY:

Date Request is Fulfilled: _____ Name of Staff Member Fulfilling Request: _____

Signature of CTC Staff Member Fulfilling Request: _____