



Omro Pharmacy
NCPDP: 5101578
109 East Main
Omro, WI 54963
06-06-2014

2014

PAAS National® Health Care FWAC/HIPAA Policy & Procedure Manual

Request to Access or Release Protected Health Information

Patient Name: _____ Date of Birth: ____/____/____

Address: _____

Release PHI To:

Self: Pick up Review on site Mail (address above) Email: _____

Picked up by the following authorized individual: _____

Send to: Name of Recipient: _____

Address and/or Fax: _____

Dates of PHI to Release: ____/____/____ through ____/____/____

PHI Requested:

Prescription Fill History (specify Rx#, drug, condition or all): _____

Billing Records (specify Rx#, drug, condition, or all): _____

Other Records (specify which records or record types): _____

Reason for the Request:

Medical Care Legal Action/Investigation Insurance Payment/Eligibility/Benefits

Taxes Personal Other: _____

Expiration of Request: This authorization shall remain in effect until:

Date: ____/____/____ Once One (1) Year Other Event: _____

I acknowledge that I have the right to inspect and receive a copy of the health information I have authorized to be used or disclosed by this form. I understand that Omro Pharmacy may charge a fee for the costs of copying, mailing or other supplies to respond to this request. I also acknowledge that I may modify or terminate this authorization in writing at any time. I understand that any modification or termination will not apply to uses or disclosures that have already occurred based on prior authorization or any use or disclosure that is required or permitted by law. I further acknowledge that information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by federal privacy law.

Signature of Patient or Personal Representative

Date

Personal Representative (Print)

Relationship to Patient



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For Omro Pharmacy use only:

The access request has been **granted** and the pharmacy will release or provide access as requested within 30 days.

The access request has been **denied** in whole or in part for the following reason(s):

Unreviewable grounds: Contains Psychotherapy Notes Research Trial

Denied by Correctional Facility Records are part of Legal Action/Investigation

Records were obtained from a confidential non-health care provider

Requested records are not maintained by Omro Pharmacy

Reviewable grounds:

Request likely to endanger the life or physical safety of patient or another person

Records contain information on another person and access is likely to cause harm to such person.

Request was made by a personal representative and access is likely to cause harm to the patient or another person.

Access or Release of partial information provided

Reviewed by: _____ Date _____

Description of Records Provided: _____

If your request was denied in whole or in part, you have the right to request a review by another licensed health care professional designated by Omro Pharmacy as a reviewing official who did not participate in the original decision to deny. You also have the right to file a complaint with Omro Pharmacy or the Secretary of Health and Human Services. Such requests or complaints must be submitted in writing to:

Omro Pharmacy
Shannon Kimberly Ehmke
109 East Main
Omro, WI 54963

For Omro Pharmacy use only:

Denial reviewed and upheld per 45 CFR 164.524.

Denial reviewed and overturned. Request has been **granted**.

Reviewing Official: _____ Date _____

Description of Records Provided: _____

**Per HIPAA documentation requirements pharmacy must keep requests to access PHI on file for a minimum of six years.*