

**Request to Inspect Personal Health Information (PHI)**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This form is used to request to inspect your protected health information that Hope in Healing Counseling and Wellness, LLC (HHCW) maintains regarding you. Because PHI/records contain sensitive material, HHCW offers the following procedure:

- Complete the brief information on this form.
- Make an appointment or speak with Stacy Nunne, MA, LMFT, SEP, RN to review this request/form.
- Discuss the pros and cons of inspecting your PHI and discuss any questions or concerns you may have.
- Review the records during a scheduled appointment.

I would like to inspect my requested records (PHI) for the purpose of \_\_\_\_\_  
\_\_\_\_\_

For the following time period (Specify dates): \_\_\_\_\_

By signing this form, you are indicating that you:

- have received/discussed with Stacy Nunne, MA, LMFT, SEP, RN the information and contents of this document,
- have been informed that you have a right to inspect your PHI as requested,
- agree to the conditions specified and consent to inspect your PHI in this manner requested,
- have the right to challenge the accuracy, completeness, timeliness, or relevance of the information contained in your record,
- have been informed that you have the right to submit a written response to the record if you wish,
- have been informed that you have a right to inspect your PHI as requested, if for any reason, your request is denied, you will receive an explanation of the cause for delay or denial of the request within 30 days,
- if you wish for a copy of your PHI or to release your PHI to another party, you will need to fill out a Consent for Release and Exchange of Information request. Any request for PHI can take up to 30 days for HHCW to release,
- understand that any information/PHI that you share outside of therapy, willingly and publicly, will not be considered protected or confidential.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_