

Health Records Request

NOTICE: Horizon has 30 calendar days in which to respond to a request for health records. This form must be completed, signed, and dated by the client or the person legally acting on their behalf. The signer will receive a copy of this form whether the request for records is approved or denied.

I, _____

[name of person making the request]

request copies of the health service records maintained and kept by Horizon Behavioral Health specific to the services received by

☐ Me or _____ DOB: ____/____/____

[name of person served by Horizon]

For whom I am a: ☐ Parent of a minor child; ☐ Legal guardian; or ☐ Authorized representative

Date Range of Records to be provided: ____/____/____ **OR** ☐ Request copies of **ALL** Records :

List the type of documentation provided or on file to verify the identity of the person served or individual legally acting on their behalf:

The procedure is as follows:

1. **I must provide adequate proof of my identity** (and a copy will be made). I understand that this is a necessary means to protect the privacy of me or the person served by preventing unauthorized access to the records.
2. For the purpose of this request, I have opted to proceed with the manual health record request process outlined on this form and **NOT** to access the requested health records via the **electronic client health record portal**.
3. At any time, I may register to access the requested health records via the **electronic client health record portal**.
4. I must submit this completed form to the Horizon Health Information Department, the Horizon Client Rights and Privacy Officer, the Clinician, or the Program Manager of the Horizon program where I, or the person served, received services and forwarded to the Horizon Health Information Department for processing.
5. A physician or clinical psychologist will review the records to determine if there are concerns that gaining access to these records would endanger the life or physical safety of the individual or someone else.
6. If I am denied access to the health records:
 - I may request another Horizon physician or clinical psychologist not directly involved in the initial denial to review the decision.
 - I may decide, at my own expense, to have a physician or clinical psychologist who was not directly involved in the initial review and denial to review the decision of Horizon. If this course is taken, Horizon is not required to have another Horizon physician or clinical psychologist review the denial.
 - I may ask a lawyer of my choice to request a copy of the records, if this Access request pertains to my own records, but not if it pertains to my child.
 - I may file a complaint with the United States Department of Health and Human Services: Public Ledger Building, 150 S. Independence Mall West, Suite 372, Philadelphia, PA 19106-9111

By signing this document, I, or the person served affirm understanding of the above written procedures and have been informed of my right to access my health record via an **electronic client health record portal** and provided the opportunity to register for access to the portal, and that I, or the person served may contact the Horizon Client Rights and Privacy Officer regarding any questions at 2215 Langhorne Road, Lynchburg, VA 24501. Phone: 434-455-3422.

My Signature: _____ **Date:** ____/____/____

Signature of Minor: _____ **Date:** ____/____/____
(required only when the minor has a Substance Use diagnosis)

Address: _____ **Daytime Phone #:** _____

RECORDS WILL BE HELD NO LONGER THAN 90 DAYS AFTER YOU HAVE BEEN CONTACTED

For Agency Use Only

If the request is approved, Horizon will notify the client and notify where the records can be picked up.

If the request is denied, Horizon will notify the Horizon Client Rights and Privacy Officer of the decision and the client's clinician, who will notify the client or person making the request of the denial, the reason for the denial, and available options.

Date: ____/____/____ **HIM Staff**

Name: _____

Client was notified that records will be available to pick up on this date: ____/____/____ or by another method. Describe: