

Request Form: Request for Access to Protected Health Information

I, _____, hereby request a copy of my health information from Lafayette County Health Department for the period of _____. I understand that I may access my health information through any of the following methods. Please check the desired method:

I prefer to inspect and/or copy the requested information in person and will arrange for a mutually convenient time to come to Lafayette County Health Department by calling 608-776-4895.

I prefer to have the requested information copied and mailed to me at the following address: _____. I understand that I will be responsible for paying a per page copying fee of \$_____.

I prefer to receive a written summary of the requested information for the nominal fee of \$_____.

Signature of Requestor

Date