302 Barnes
La Junta, CO 81050
Phone: 719-383-5458
Fax: 719-384-8411

Southeast Health Group

Protected Health Information Request by an Individual

Name of Person Requesting Information: ______________________________ Date: _____________________
Relationship: ___________________________________ Phone Number: _______________________________
Address: ____ Fax Number: _______________________________

This Protected Health Information Request is for the records summary of:

Name____ DOB: _________________
In order to request information about another individual, that person must sign an ***Authorization for Release of Information* form** that specifically authorizes the Requestor to obtain their Protected Health Information.

Date ROI was signed: _____________ Purpose for the request: ____________________________________

Information to be released:

☐ Mental Health/ Psychiatric Condition ☐ Alcohol Abuse/Substance Abuse ☐ Other: ____________________

In response to your request, our policy is to provide the following:

1. A copy of the Intake Summary, the 6 or 12 month Update Summary or the Discharge Summary (whichever is most current).
2. An Outpatient Treatment Report.

If you are in need of specific session notes, those are considered by Southeast Health Group to be privileged communication between our agency and the individual. If you are the individual requesting your own records, please specify information to be released and reason.

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Records requests may take up to ten business days to complete.

Southeast Health Group shall charge a flat fee of $20.00 for records requested. This fee will be due in advance of any records being picked up, mailed or faxed.

☐I choose to inspect the records and receive no copies.
☐I choose to receive copies of the requested Protected Health Information.

____ ________________________________
Signature of Person Requesting Information (Parent or Guardian if Minor Child) Date

____ ________________________________
SHG Employee Signature Date

Records were: Faxed ☐ Mailed ☐ Picked Up ☐

by_______________________________________ ______________________________
Date

Revised April 30, 2018