



STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES

**INDIVIDUAL'S REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION**

INDIVIDUAL'S NAME		SOCIAL SECURITY NUMBER
STREET ADDRESS		BIRTH DATE
CITY/STATE/ZIP CODE		OTHER IDENTIFIER (E.G., DCN)
<b>LIST SPECIFIC INFORMATION TO BE ACCESSED (To be completed by individual requesting access)</b>		
SPECIFY INFORMATION REQUESTED, INCLUDING DATES COVERED		
THIS REQUEST IS FOR PHI HELD BY THE		
<input type="checkbox"/> FAMILY SUPPORT DIVISION <input type="checkbox"/> MO HEALTHNET DIVISION <input type="checkbox"/> DIVISION OF YOUTH SERVICES <input type="checkbox"/> CHILDREN'S DIVISION <input type="checkbox"/> DIVISION OF LEGAL SERVICES <input type="checkbox"/> ALL DIVISIONS OF THE DEPARTMENT <input type="checkbox"/> UNKNOWN		
IF REQUEST COVERS MULTIPLE DIVISIONS, EMPLOYEE WILL FORWARD TO THE DIVISIONAL PRIVACY OFFICER AFTER THE CLIENT COMPLETES THE TOP PORTION.		
CHECK FORMAT YOU PREFER:		
<input type="checkbox"/> PAPER <input type="checkbox"/> COMPUTER DISK <input type="checkbox"/> MICROFICHE <input type="checkbox"/> FAX: _____ <input type="checkbox"/> OTHER _____ (FAX NUMBER)		
MAILING ADDRESS		
INDIVIDUAL OR INDIVIDUALS' PERSONAL REPRESENTATIVE SIGNATURE (WRITTEN DOCUMENTATION REQUIRED)		DATE
<b>BELOW TO BE COMPLETED BY EMPLOYEE RECEIVING REQUEST</b>		
DATE RECEIVED	EMPLOYEE NAME	DIVISION/COUNTY
EMPLOYEE SIGNATURE		DATE
<input type="checkbox"/> <b>Access is Granted.</b> If granted, provide a copy of completed form to the individual, send a copy to Divisional Privacy Officer and place original form in individual's case file. Disregard remainder of form.		
<b>ACCESS MAY BE DENIED BY THE DIVISIONAL PRIVACY OFFICER FOR THE REASONS LISTED BELOW.</b>		
If the staff member receiving this request believes any of the possible reasons for denial listed below may apply, you should separately document the reason for concern and forward along with copies of the materials in question to the Divisional Privacy Officer for a decision.		
<ul style="list-style-type: none"><li>• Individual agreed to denial of access while in research project</li><li>• Information for use in civil, criminal or administrative proceeding</li><li>• Information obtained from source other than DSS under a promise of confidentiality and the access would identify source</li><li>• DSS received a competent court order which limits the release or use of this information</li><li>• Access is otherwise precluded by law</li><li>• Access is likely to endanger the life or physical safety of the individual or another person</li><li>• The information makes reference to someone other than the individual and the access may cause serious harm</li><li>• The individual has been or may be subjected to domestic violence, abuse or neglect or endangerment through release of the information to a personal representative</li><li>• Psychotherapy notes (These are only the notes taken during a counseling session and do not include a summary, evaluation or diagnosis written after a session with the patient)</li></ul>		
<b>DIVISIONAL PRIVACY OFFICER DETERMINATION</b>		
<input type="checkbox"/> <b>Access is Granted.</b> If granted, return a copy of completed form to employee who will follow directions above for access granted. If access covers different offices/divisions, refer to DSS Privacy Officer for coordination.		
<input type="checkbox"/> <b>Access is Denied.</b> If denied, send a letter to the individual explaining the reason and their right to request review if applicable, with a copy to the DSS Privacy Officer and the individual's case file.		
DIVISIONAL PRIVACY OFFICER SIGNATURE	DIVISION	DATE