

CLIENT’S REQUEST FOR ACCESS/INSPECTION TO HEALTH INFORMATION

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH (“LACDMH”)

CLIENT:

Name of Client

Birth Date of Client

MIS #

Street Address

City, State, Zip

REQUEST TO ACCESS AND INSPECT MY HEALTH INFORMATION, “ON SITE”

INFORMATION TO BE ACCESSED OR INSPECTED:

INSPECTION PERIOD: I request information regarding the following time period:

FROM ____/____/____ TO ____/____/____
Month Day Year Month Day Year

REQUEST SUMMARY OF REQUESTED HEALTH INFORMATION

YOUR RIGHTS REGARDING THIS REQUEST TO ACCESS:

Right to Receive a Copy of This Request - I understand that I must be provided with a signed copy of the form.

Right to Request Review of Denial of Access- I understand that DMH may deny my request to access my health information, in whole or in part. If I am denied access, I may request a review of their decision by submitting a *Request for Review of Denial of Access*. In most circumstances, DMH will then designate another health care professional, who was not directly involved in the decision to deny access, to conduct a second review of your request.

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TO HEALTH INFORMATION
COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH (“LACDMH”)**

SIGNATURE OF CLIENT: _____

OR

SIGNATURE OF PERSONAL REPRESENTATIVE:

If signed by other than client, state relationship and authority to do so:

DATE: ____/____/____
Month Day Year

FORM(S) OF IDENTIFICATION PROVIDED:

- ___ State Driver’s License _____
- ___ State Identification Card _____
- ___ Birth Certificate _____
- ___ Military ID _____
- ___ Other (Provide details) _____

FACILITY: _____

PRACTITIONER: _____

DATE: ____/____/____
Month Day Year

For more information about your health privacy rights, ask the Treatment Team for a copy of our **Notice of Privacy Practices**. You may also obtain a copy by visiting our website at <http://www.dmh.co.la.ca.us/> or by sending a written request to:

**Office of Patient’s Rights
Los Angeles County Department of Mental Health
550 S. Vermont Ave.
Los Angeles CA 90020**

Thank you for providing us with this opportunity to serve you and improve the accuracy and completeness of your health information. We look forward to continuing to serve your healthcare needs.