Health Services
LOS ANGELES COUNTY
HEALTH INFORMATION MANAGEMENT

# UNDERSTANDING HIPAA FORMS

Please review this document to assist you with selecting the proper form when submitting a request related to your rights under the Health Insurance and Portability Accounting Act (HIPAA.) In the event where you have questions regarding medical record request, please review our FAQ sheet by clicking here Los Angeles County Department of Health Services-Patient Resources or contact your local Health Information Management office.

| FORM | PURPOSE |
|---|---|
| **Access to protected health information** | This form should be used when a patient or their personal representative is requesting to receive copies, or inspect their legal medical record from the site where they received care. The form should be accurately completed when submitted, and depending on the nature of the request, it may have up to a 15-day processing timeframe. |
| **Alternative/Confidential communications** | This form should be used when a patient or their personal representative wants to evoke their right to ask a health care provider to communicate with them by alternative means or at alternative locations. As an example, a patient can request that they receive mail at an alternative address rather than their home address. The health care provider will review the patients request for such communication and inform the applicant of their decision to either approve or deny the request. |
| **Amendment or correction to protected health information** | This form should be used when a patient or their personal representative wants to request an amendment or correction to the patients designated record set as long as the protected health information is maintained in the designated record set. |
| **Authorization to release protected health information** | This form should be used when a patient or their personal representative wants to give permission for their protected health information to be released by us to a another person/party. |
| **Right to request restrictions to protected health information** | This form should be used when a patient or their personal representative wants to request restrictions on how we will use and disclose protected health information about them for treatment, payment, and health care operations. |