



AIKEN COUNTY
Finance Department
Central Collections
Patient Request for Access

AC-FNC102
(9/03)

828 Richland Ave W. Aiken, SC 29801 803/642-2067 Fax: 803/642-2071

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Last Date of Service: _____

Patients Rights: As a patient, you have the right to access, copy or inspect your protected health information, or PHI, in accordance with federal law. You may also have the right to request an amendment to your PHI, or request that we restrict the use and disclosure of it. These rights are further described in our Notice of Privacy Practices and other policies, which you may have upon request.

To better allow us to process your request, please indicate the type of request you are making on this form: **(Please check all that apply)**

_____ Access to simply review my health information.

_____ Access to obtain copies of my health information.

_____ Access to review and potentially request amendment of my health information.

_____ Access to review and potentially request an accounting of how my PHI has been used and disclosed to others.

_____ Access to review and potentially request restrictions on the use and disclosure of my health information.

I understand that Central Collections must respond to my request within 30 days. If my health information is maintained off site, then the response period can extend to 60 days.

There is a \$5 fee for this service.

Signature: _____ Request Date: _____