



**State of Alaska**  
**Department of Health and Social Services**  
 Division of Public Health  
**REQUEST TO INSPECT OR RECEIVE A COPY OF**  
**PROTECTED HEALTH INFORMATION**

Please Print All Request Information

Client Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Phone(s): \_\_\_\_\_

Contact Address: \_\_\_\_\_

**INFORMATION REQUESTED:** Please describe the information that you would like to examine or obtain a copy of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your request to inspect or obtain a copy of your protected health information will be reviewed by the Department of Health & Social Services. We will provide the access you requested or inform you of our denial of access or need for extension within 30 days of days of receipt of this request if the information is maintained on-site, or within 60 days if the information is maintained off-site, as required by federal law. If we have questions concerning your request, we may contact you. Please ensure your contact information is correct and current so that we may process your request as quickly as possible. Please return this request and address your questions to: *Division/Dept Privacy Official Name, Division/Dept. Privacy Official Address 1, Division/Dept Privacy Official Address 2, Phone Number, Fax Number.*

\_\_\_\_\_  
Signature of Client or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Personal Representative and SSN

\_\_\_\_\_  
Description of Personal Representative's Authority

FOR DEPARTMENT USE ONLY		
Date Request Received:	<div style="text-align: center;"><b>STATUS</b></div> (Please Attach All Copies Of Notifications)  Review Extension: Yes No    Date Notification Sent: _____ Entire Request Approved Partial Request Approved Entire Request Denied  Approved/Denied By (Staff Name): _____ Division / Section: _____ Date Approval/Denial Notification Sent: _____	
Received By (Staff Name):		
Division / Section:		
Date Request Reviewed:		
Reviewed By (Staff Name):	<div style="text-align: center;"><b>COMMENTS</b></div> (Attach Additional Comments If Needed)	
Division / Section:		
<b>FORWARDING INFORMATION</b>		
(If not fully approved or denied by initial reviewer)		
<b>Date</b>		<b>Staff Name / Division</b>