Revised 02-21-2020

KEARNEY COUNTY
HEALTH SERVICES
Minden Medical Clinic

Request for Access to Protected Health Information

Instructions

Please complete this entire form to request inspection or allow copies of your personal health information to be received by mail at current address. KCHS cannot process your request if this form is not complete.

Patient Name: _____Date of Birth: _____

Current Address: _____

Phone No.: _____ Med Rec No.: _____

In the event that my provider prefers to inform me of my diagnostic results by mail, I understand that the results will be mailed to me at the address on file. I understand that if my address would change it is my responsibility to contact Kearney County Health Services and update my information. I understand that this request will remain in effect until I revoke it in writing.

DESIGNATED METHODS OF REVIEW:

- Receive a copy by regular mail at my address on file with KCHS
- You have the option of inspecting the information at KCHS. Information will be available from 8:00 am – 5:00 pm during normal business hours for inspection.

_____ _____

Signature of patient or patient's personal representative: Date:

_____

Authority of personal representative:

_____ _____

Signature of Witness: Date: