

# ACCESS TO PROTECTED HEALTH INFORMATION

Mail To: El Paso Cardiology Associates, P.A. Privacy Official  
4301 N. Mesa Suite 100  
El Paso, Texas 79902

The Health Insurance Portability and Accountability Act of 1996 requires that we protect the privacy of your protected health information. You have a right to request a copy of your protected health information contained in a designated record set and held by the Texas Department of Human Services. This request must be made in writing, and may be denied under certain circumstances. You cannot have access to any psychotherapy notes taken by your mental health therapist or information prepared for use in a civil, criminal or administrative legal action. El Paso Cardiology Associates, P.A. will act on your request within 30 days (60 days if the information is off site), unless we provide you with notification in writing that an extension of up to 30 days is needed.

If we deny your request, we must provide you with a written explanation of the basis for that denial. In some situations, you have a right to request a review of our denial.

Date: \_\_\_\_\_

## CONTACT INFORMATION

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Name of Designated Personal Representative: \_\_\_\_\_

Signature of Designated Personal Representative: \_\_\_\_\_

Relationship of Designated Personal Representative: \_\_\_\_\_

ALTERNATE MAILING: If you would prefer to have your protected health information record mailed to an alternate location, please provide additional information:

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

City, State, Zip: \_\_\_\_\_

## FOR INTERNAL USE ONLY

Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

Reviewer's comments and actions: \_\_\_\_\_