

REQUEST For Personal Health Information

Montana Department of Public Health and Human Services
P.O. Box 202960, Helena, MT 59620-2690

Under the Health Insurance Portability and Accountability Act ("HIPAA"), you have the right to access your personal health information ("PHI") that is held by the Department of Public Health and Human Services ("DPHHS"). There are some exceptions, but DPHHS will accommodate all reasonable requests. This form allows you to request specific PHI pertaining to you.

Name: _____ Date: _____

Case Number or Social Security Number: _____

I authorize the Department of Public Health and Human Services to release the following PHI to me:

- ☐ All information
- ☐ Information from a specific time period (specify dates):

From _____ To _____

- ☐ All information relating to a certain event or injury (*Example: left knee injury from December 2009, specify event and dates.*)

Event _____ Date: _____

- ☐ Other (specify): _____

Signature: _____ Date: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____