

**FERRUM COLLEGE**  
**Form To Request Access To And Amendment Of**  
**Protected Health Information Maintained In A**  
**Designated Record Set**

*This Form is used by individuals to request access to, and amendment of, their protected health information ("PHI") in a Designated Record Set in the possession of the health care plans sponsored or maintained by Ferrum College and any of its affiliates, or the business associates of such plans. Use **Part 1** to request access to PHI, use **Part 2** to request amendments of PHI. Submit this Form to the Human Resources Department.*

**REQUESTER:**  
*(Print name, address, telephone number and date)*

**PART 1 - REQUEST FOR ACCESS**

**REQUEST FOR ACCESS TO PHI:**

**ACTION ON REQUEST:**

***For office use only:***

***Receipt:***

Date: \_\_\_\_\_ Recipient name: \_\_\_\_\_ Date delivered to Privacy Official/

Deputy: \_\_\_\_\_

Transmittal to Business Associate *(if appropriate)*: Date: \_\_\_\_\_ Name of Business Associate: \_\_\_\_\_

**Response deadline:** Records on site - 30 days from filing: \_\_\_\_\_ Records off site - 60 days from filing: \_\_\_\_\_ \*

***Approval/disapproval:***

Notify the requester of action on this request by returning a copy of this Form. Form returned on *(insert date)*: \_\_\_\_\_. If request is approved, coordinate with the person making this request to arrange a time and place to review the requested records.

***Documentation:***

***Keep a copy of this Form.***

\* See Privacy Policy and Procedure Manual for information about extensions, and about procedures for handling consideration of these requests, and appeals.

## PART 2 - REQUEST FOR AMENDMENT OF PHI

### REQUEST FOR AMENDMENT OF PHI:

### ACTION ON REQUEST:

#### ***For office use only:***

#### ***Receipt:***

Date: \_\_\_\_\_ Recipient name: \_\_\_\_\_ Date delivered to Privacy Official/  
Deputy: \_\_\_\_\_

Transmittal to Business Associate (*if appropriate*): Date: \_\_\_\_\_ Name of Business Associate:  
\_\_\_\_\_

**Response deadline:** 60 days from filing: \_\_\_\_\_ \*

#### ***Approval/disapproval:***

Notify the requester of action on this request by returning a copy of this Form. Form returned on (*insert date*): \_\_\_\_\_.  
If request is approved, implement the requested amendment in accordance with the procedures described in the Privacy Policy and Procedure Manual.

#### ***Documentation:***

***Keep a copy of this Form.***

\* See Privacy Policy and Procedure Manual for information about extensions, and about procedures for handling consideration of these requests, and appeals.