



Walgreens Custodian of Records, 1901 East Voorhees Street, MS 735, Danville, Illinois 61834
Fax: (217) 554-8955 Phone: (217) 554-8949

REQUEST TO ACCESS, INSPECT, OR OBTAIN PROTECTED HEALTH INFORMATION

Request:

I request to review health information held about me in the Walgreens “designated record set” in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that Walgreens has 30 days to respond to this request, and that if someone else holds the information or it is off-site, the response time is 60 days.

Information:

Patient Name: _____
Date of Birth: _____
Street Address: _____
City, State, Zip _____

Telephone Number: () _____ E-mail Address: _____

Standard requests for records contain a fifteen (15) month time period. If your request for records is in excess of fifteen (15) month, please indicate the time frame below. Records are retained in accordance with State Board of Pharmacy, DEA, and other relevant laws and vary from state to state.

From: _____ To: _____

Agreement:

I agree that Walgreens may provide a summary of health information instead of allowing me to review the information (check response below):

Yes No

I agree to pay any fees for copying or summarizing my health information. Fees will be reasonable and cost-based, and include only the cost of copying, postage, and preparation of a summary (if I agree to a summary).

I understand that this request does not apply to certain health information, including: (1) information that is not held in the designated record set; (2) information compiled in reasonable anticipation of or for litigation; and (3) other information not subject to the right to access information under HIPAA.

Signature

Signature: _____ Date: _____

If signed by the patient’s personal representative, explain authority to act on behalf of the patient:

Note: If you are signing this form as the legal representative of the individual listed above, and are other than the parent of the minor child whose information is listed above, you must also submit documentation that establishes yourself as the legal representative. For example, a copy of a Power of Attorney that includes provisions to obtain medical information, etc.

