

**ADAMH BOARD OF FRANKLIN COUNTY – REQUEST TO ACCESS, INSPECT, OR COPY
YOUR CLIENT RECORD TRANSFERRED FROM COLUMBUS AREA INTEGRATED HEALTH**

On April 30, 2019, the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH) took possession of client records maintained by Columbus Area Integrated Health. If you do not request that your record be transferred to another service provider, ADAMH will retain your client record until June 1, 2026, as required by Ohio law. If you need to access your client record, please use this form to help us provide that access to you. Per ADAMH's notice of privacy practices, requests to access protected health information maintained by the ADAMH Board must be in writing.

Please mail this form to the Privacy Officer, ADAMH Board of Franklin County, 447 E. Broad St., Columbus, OH 43215.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF BIRTH: _____

TELEPHONE: _____

DATE OF REQUEST: _____

An individual has the right to access and copy their protected health information and any information in their designated record set, except as set forth below.

1. I would like:
 - Access to my health information;
 - A copy of my health information;
2. For copies, I would like:
 - To inspect and copy the information in person;
 - To receive paper copies in the mail;
 - To receive electronic copies as an email, even though I understand that there may be security risks to the PHI while in transit;
 - To receive electronic copies on a thumb drive provided by the ADAMH Board.
3. I understand that I do not have the right to access or obtain a copy of the following:
 - a. Information that was compiled in anticipation of litigation;
 - b. Information that was collected in the course of research that includes your treatment and you agreed to a suspension of the right of access during the research period;

Access can also be denied without a review in accordance with the Clinical Laboratory Improvements Amendments of 1988 or the Privacy Act (5 USC 552a).
4. I understand that access to my health information may also be denied in the following circumstances, but that the denial is subject to review:
 - a. Access is determined by a licensed professional to be likely to endanger my life or physical safety or that of another person;
 - b. Access is requested by a personal representative and a licensed professional determines that such access is reasonably likely to cause substantial harm.
5. I understand that the ADAMH Board has 30 days to comply with this request. If the ADAMH Board is unable to act on the request within 30 days, I understand it may extend the time for response by no more than 30 days, provided that, within the allotted time period, I am given written notice of the reasons for delay and the date by which a responsive action will be taken.
6. I understand that the ADAMH Board must verify my identity or authority before I can receive this information:
 - An individual must present valid identification that they are the consumer who has asked for the information.
 - A personal representative must demonstrate that they are the consumer's representative and entitled to protected health information. Acceptable verification includes picture ID and one of the following: guardianship status documents, health care power of attorney, or estate executor documentation.

SIGNATURE OF CONSUMER OR PERSONAL REPRESENTATIVE

DATE

PRINT NAME OF CONSUMER OR PERSONAL REPRESENTATIVE

RELATIONSHIP TO CONSUMER