



## Patient Account Access Request Form

Healthix is a non-for-profit Qualified Entity (QE) certified by the NYS Department of Health to participate in the State Health Information Network of New York (SHIN-NY). Our mission is to develop, deploy and operate innovative uses of interoperable health information technology and analytics to facilitate patient-centric care and promote improved health care quality, affordability and outcomes for New Yorkers.

This form is used by a patient or their legal representative to request report as indicated below. To have this request processed, please fill it out and return either by faxing it to our secure eFax 877-331-1729 or by mail to Healthix, attention to Compliance Department, 551 North Road, 2<sup>nd</sup> Floor, St. James, NY 11780. *Note: To ensure privacy and security, records will not be released without providing proper identification upon receipt of this request by Healthix.*

### 1. Patient Information:

Last: _____	First: _____	Middle: _____
Address: _____		Date of Birth: _____
Home/Cell Phone: _____		Relationship (circle): Self / Legal Representative

### 2. Type of reports requested (check all that apply)

- Patient Account Access Audit Log (maximum 6 years from the date of request):
- Healthix Consent Values submitted by Participants
- Sources of Data

### 3. Specify Date Range MM/YYYY

From \_\_\_\_\_ To \_\_\_\_\_

### 4. Delivery Instructions: Please provide e-mail address and phone number for delivery

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address (if applicable – paper copies only): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Date of Signature

**Name of Patient's Legal Representative (if applicable) signing on behalf of patient:**

\_\_\_\_\_

Print Name/ Signature

\_\_\_\_\_

Date of Signature