



Individual Request for Access to Electronic Protected Health Information

This form allows you to request access to certain of your electronic Protected Health Information (PHI) that Hillside maintains. Specifically, this form allows you to request certain clinical data, such as medication information or clinical notes, reflected in a publication called the United States Core Data for Interoperability (USCDI). This clinical data is referred to in the form as "Patient Data."

1. Verification

Individual for whom records are being requested:

First Name: _____
Middle Name/Initial: _____
Last Name: _____
Date of Birth: ____/____/____

Address on Record:

Address: _____ Apt/Suite Number _____ City: _____
State: _____ Zip: _____
Phone number on record: (____) _____ - _____

Request made by: _____

Relationship (Self, Personal Representative): _____

Preferred Phone number where we can reach you if we need to contact you to process your request (____) ____ - ____

2. Request

Information Requested from Records

Patient Data – USCDI Clinical Data
Date Range Requested: ____/____/____ to ____/____/____

Requested Format

Hillside can provide to you Patient Data that Hillside maintains in certain ways. For your convenience, we have outlined in this form the standard ways that we can provide your Patient Data to you. Some of your Patient Data may be provided in different formats than other Patient Data based on, for example, the technical capabilities of the system(s) in which the Patient Data resides.

Patient Data – USCDI Clinical Data* – Standard Formats:

.CSV** .PDF

*In accordance with applicable law, Hillside will make available clinical data reflected in the United States Core Data for Interoperability (USCDI) that we retain in our system of record in the manner specified by you, unless we are not technically able to do so. For your convenience, we have outlined above the electronic formats that we can standardly use to provide that clinical data.



****Please note that the “JSON” and “CSV” formats are so-called “machine-readable formats” that allow electronic systems to interpret the data. This means that clinical data in a JSON or CSV format may not be presented in a way that is easiest for a patient or other individual to interpret. If you intend to use your electronic PHI for personal uses, then requesting the information in a PDF or other version may be right for you. Please contact us if you have any questions about which format is right for your needs.**

3. Completed Records

Send completed records to me:

Email: _____ Confirm Email: _____

Send completed records to another location:

I understand that I [(or my personal representative)] have the right to direct the entity to disclose my Patient Data held by the entity to a designated third party, including a third-party that holds information for my personal use.

Email: _____ Confirm Email: _____

Signature by Individual/Representative _____

Phone number where we can reach you if we need to contact you to process your request
(If different than number on record): _____

Please return completed form to: Email: info@hillsidespecialtypharmacy.com

Upon receipt of your request, we will inform you without unnecessary delay if we need more information in order to assess and, as appropriate, fulfill your request, and if, and why, we are unable to fulfill your request.