Revised 12.2021

PATIENT SORTAL
HIPAA RIGHT OF ACCESS

(THE RETURNING CITIZEN SHALL COMPLETE, CHECK, AND SIGN ALL BOXES THAT APPLY)

Pursuant of 45 CFR § 164.524, HIPAA Authority for Right of Access, the undersigned request _____ to release or disclose information related to below reference records/information to Patient Sortal during the period **beginning** _____ and **ending** _____, for assistance
(Date of Incarceration) (30 days before Release Date)

with Continuity of Care during Community Reintegration. According to the Office of Civil Rights, an individual (or that individual's personal representative) has a right to direct a covered entity to transmit Protected Health Information (PHI) about the individual directly to another person or entity designated by the individual (or personal representative) pursuant to the right of access granted under HIPAA and its implementing regulations.

Patient Information:

Name (print)	Inmate #	Date of Birth	Facility Located

Check all records that apply:

Medical/Dental ☐ Mental Health ☐ Drug & Alcohol Treatment ☐ HIV Information ☐

Current Medication Reconciliation Record ☐ Labs (last 6 months) ☐ Problem List ☐

Records/Information to be delivered to:

Patient Sortal

Email (preferred):**4851-8650-9813@mail.vault.netdocuments.com**
Phone: 1-833-PAT1ENT or **1-833-728-1368**
Fax: 844-927-5012

_____ _____
Name of the individual Giving this Authorization (print) Relationship (print)

_____ _____
Signature of the individual Giving this Authorization Date

_____ _____
Signature of Witness Date