Request for Personal Health Information (PHI) disclosures form

Hennepin Health members – please use this form to request a report of when we have shared your health information and with whom we shared it. Requests are processed within 60 days. If we need another 30 days to fulfill your request, we will let you know in writing.

There is no charge for your first request in a 12-month period. If you make an additional request within the same 12-month period, a reasonable, cost-based fee will be charged.

Hennepin Health will provide a report of certain disclosures made to regulatory agencies; certain disclosures related to research; disclosures related to resolving complaints; certain requests from legal or law enforcement agencies; and any improper or unauthorized disclosures. Hennepin Health is not required to account for certain disclosures related to treatment, payment or health care operations; disclosures made to or authorized by you or your representative; and certain other disclosures made pursuant to state and federal privacy regulations.

Contact Member Services at 612-596-1036 (TTY 800-627-3529) with any questions.

Request date	(If applicable) ☐ This is an additional request within a 12-month period. I agree to pay the fee.	
Dates requested Please send me a report of disclosures for the following time frame. *(Note: The farthest back you can request is six years.)* From_____ To _____		
Member name	Member date of birth	Member ID
Member address		
Address to mail information (if different from above)		

Member or personal representative signature Date

(Personal representative – please state your relationship to the member)

FOR HENNEPIN HEALTH USE ONLY

Date request received _____ Date report sent_____

Extension requested ☐ Yes ☐ No
If yes, give reason:

_____

Date member was notified in writing _____

Staff member processing the request _____