

South Dakota Department of Human Services

Access to Records Request Form

(For use by **DHS** clients/patients requesting access to their own health records)

Name:	Case Number:
Division/Facility:	Date of Birth:
Location of Record:	Date of Request:

If you are asking to access, look at, or obtain a copy of your protected health information (PHI) created by the Department of Human Services (DHS), please consider the following:

- DHS cannot give you access to psychotherapy notes.
- DHS may deny you access to your PHI if it was given to DHS by someone other than a health care provider, under the promise of confidentiality.
- Other Federal or State laws and regulations may prohibit DHS from providing you with access to some or all of your record.
- Your request may be denied if professionals involved in your case believe that access to your information could be harmful to you or others.
- You may be charged a fee for copying and postage costs.

I am asking to look at , and/or to copy , the following protected health information:
(Be specific)

For this time period: _____ To _____

Signature - Client/Patient: _____ Date signed: _____

Signature – Personal/Legal Representative of Client/Patient: _____
(if applicable)

Relationship to Client/Patient: _____ Date signed: _____

(See your privacy rights attached)

South Dakota Department of Human Services

Your Right to Access Your Information:

- You have a right to request access, look at, or obtain protected health information about yourself that was created by and in DHS records.
- You have a right to have an answer to your request within 30 days. If the information is not at this location, you have the right to have an answer within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- The reviewer must decide, within a reasonable time, whether to approve or deny your request. You will get an answer in writing. The answer will include the reason for the decision.
- Your request and the answer will be kept in your file.

You have a right to file a privacy complaint:

Individuals can file privacy complaints with either DHS or with the Region VIII Office of Civil Rights, U.S. Department of Health and Human Services.

Privacy complaints may be directed to any of the following:

For services provided by one of the following divisions: Alcohol and Drug Abuse, Developmental Disabilities, Mental Health, Rehabilitation Services, or Service to the Blind and Visually Impaired, contact:

Department of Human Services
HIPAA Privacy Office
Hillsview Plaza, East Hwy. 34
c/o 500 E. Capitol
Pierre, South Dakota 57501-5070
Phone: (800) 265-9684;
TTY: (605) 773-5990;
Fax: (605) 773-5483; or
Email: infodhs@state.sd.us

For Services provided by the Human Services Center, contact:

Human Services Center
ATTN: HIPAA Privacy Contact
PO Box 7600
Yankton, SD 57078-7600
Phone: (605) 668-3100;
TTY: (605) 668-3158;
Fax: (605) 668-3460; or
Email: infohsc@state.sd.us

For services provided by the South Dakota Developmental Center, contact:

South Dakota Developmental Center
ATTN: HIPAA Privacy Contact
17267 3rd St. W
Redfield, SD 57469-1001
Phone: (605) 472-2400;
Fax: (605) 472-4216; or
Email: infosddc@dhs-rf.state.sd.us

* Or *

**Region VIII Office of Civil Rights,
U.S. Department of Health and
Human Services**

1961 Stout Street – Room 1185 FOB
Denver, CO 80294 – 3538
Voice Phone: (303) 844-2024
Fax: (303) 844-2025
TDD (303) 844-3439

**This form is available in alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).
Contact DHS at: Phone (605) 773-5990 or Fax (605) 773-5483**