



Request For Access To Health Information

- You have the right to have access to your personal health information that the Illinois Department of Healthcare and Family Services (Agency) has. The Agency may deny you access to your personal health information if:
 - your personal health information contains psychotherapy notes or is gathered to prepare for and use in a civil, criminal or administrative proceeding; or
 - a licensed health care professional has determined that access to your personal health information is likely to endanger your safety or the safety of another person; or
 - your personal health information refers to another person.
- You may inspect your personal health information at an Agency office, or you may have a copy of your personal health information sent to you. The first copy each year is provided to you free of charge. Each additional copy each year will cost \$0.25 per page.
- You may have a written summary or your personal health information sent to you.

My name: _____ Date of birth: _____

Recipient I.D. Number (RIN): _____

I request that the Agency give me access to all or part of my personal health information described below for the period of _____ until _____

Description of personal health information:

- I want to inspect my personal health information in an Agency office.
- I want to pick up a copy of my personal health information at an Agency office.
- I want the Agency to send me a copy of my personal health information. I understand that the first copy of each year is provided to me free of charge and that each additional copy each year will cost \$0.25 per page.
- I want the Agency to send me a written summary of my personal health information.

Signature: _____ Date: _____

Send this Personal Representative Designation or Revocation to:

If you have any questions, contact the Privacy Office at the address to the left, or the phone number below. The call is free.

Privacy Officer
Office of the General Counsel
Healthcare and Family Services
201 S. Grand Ave. East, 3rd Floor
Springfield, IL 62763-1000

Toll-free telephone: 1-800-226-0768
(Health Benefits Hotline)
Toll-free for persons using a TTY: 1-877-204-1012

Fax: 1-217-524-2397

e-mail address:
HFS.privacy.officer@illinois.gov