

# Department of Behavioral Health

## Response to Request to Access Medical Records

Date: \_\_\_\_\_ Your request to  inspect  copy  both inspect and copy Protected Health Information (PHI) is:

**Approved**

Your PHI will be available for access on \_\_\_\_\_ and will be available until \_\_\_\_\_  
(date) (date)

Your PHI will be held for you in the **Medical Records Office at 850 E. FOOTHILL BLVD, RIALTO, CA 92376.**

The copy of your PHI will cost \$ \_\_\_\_\_ Plus \$ \_\_\_\_\_ in postage if we mail your copy to you. If you wish for us to mail it to you, please send us a check or money order for \$ \_\_\_\_\_ to the address above and we will mail you your copy. You may save the postage cost by picking up your copy between the dates shown above at the address indicated. Please bring a check or money order for \$ \_\_\_\_\_ with you at that time to receive your copy.

**Denied**

Your request was denied because the PHI that you requested to access includes the following type(s) of information that are exempt from the access rules:

- Information that was reasonably compiled in anticipation of, or use in, civil, criminal or administrative legal actions or proceedings
- You were a participant in a research study and previously agreed to a denial of access to the requested PHI when you consented to participate in the study, and the study is still continuing. Your ability to access this PHI will be restored upon completion of the research
- The PHI was obtained from another person (other than a health care provider) under a promise of confidentiality and granting access would likely reveal the source's identity
- The PHI was requested from a correctional institution and access is being denied to ensure safety and security

**The above reasons for denial of access are NOT eligible for additional review or appeal.**

**We will grant you access to the parts of your PHI that do not contain the restricted information described above. You may access parts of your PHI that we can disclose, at the address above, between the dates listed above during normal business hours.**

- Your authorization did not contain the core elements required to release PHI.
- Your request was denied because the PHI that you requested to access was reviewed by our designated Licensed Practitioner of the Healing Arts (LPHA), who determined that circumstances exist, which permits denial of access.

### THIS SECTION FOR OFFICE USE ONLY

Date request received: \_\_\_\_\_ Extension required:  No  Yes

If yes, reason given for extension: \_\_\_\_\_

Consumer notified in writing of extension on this date: \_\_\_\_\_

Name of staff member (LPHA) processing request (Print): \_\_\_\_\_

Signature of staff member (LPHA) processing request: \_\_\_\_\_

Date access was approved: \_\_\_\_\_

## Department of Behavioral Health

**If your access request was denied for the last two reasons, you may seek review of the decision by submitting a written request for appeal. The reviewing official will provide you a written answer within 30 days. You have the right to authorize another provider to access PHI that is not accessible to you. If you believe that privacy policies or federal regulations have not been met, you may file a complaint by contacting:**

Department of Behavioral Health Office of Compliance 303 E. Vanderbilt Way San Bernardino, CA 92415 909-388-0879	San Bernardino County Office of Compliance and Ethics 157 West 5th Street, 1st Floor San Bernardino, CA 92415 909-387-4500 or 888-587-3575	Office of Civil Rights Attention: Regional Manager 50 United Nations Plaza Rm 322 San Francisco, CA 94102 415-437-8310 or 800-368-1019
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California Health and Safety Code:  
123115.

(2) Where the health care provider determines that access to the patient records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor patient or the minor's physical safety or psychological well-being. The decision of the health care provider as to whether or not a minor's records are available for inspection or copying under this section shall not attach any liability to the provider, unless the decision is found to be in bad faith.

(b) When a health care provider determines there is a substantial risk of significant adverse or detrimental consequences to a patient in seeing or receiving a copy of mental health records requested by the patient, the provider may decline to permit inspection or provide copies of the records to the patient, subject to the following conditions:

(1) The health care provider shall make a written record, to be included with the mental health records requested, noting the date of the request and explaining the health care provider's reason for refusing to permit inspection or provide copies of the records, including a description of the specific adverse or detrimental consequences to the patient that the provider anticipates would occur if inspection or copying were permitted.

(2) (A) The health care provider shall permit inspection by, or provide copies of the mental health records to, a licensed physician and surgeon, licensed psychologist, licensed marriage and family therapist, licensed clinical social worker, or licensed professional clinical counselor, designated by request of the patient.

(B) Any person registered as a marriage and family therapist intern, as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code, may not inspect the patient's mental health records or obtain copies thereof, except pursuant to the direction or supervision of a licensed professional specified in subdivision (g) of Section 4980.03 of the Business and Professions Code. Prior to providing copies of mental health records to a registered marriage and family therapist intern, a receipt for those records shall be signed by the supervising licensed professional.

(C) Any person registered as a clinical counselor intern, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code, may not inspect the patient's mental health records or obtain copies thereof, except pursuant to the direction or supervision of a licensed professional specified in subdivision (h) of Section 4999.12 of the Business and Professions Code. Prior to providing copies of mental health records to a person registered as a clinical counselor intern, a receipt for those records shall be signed by the supervising licensed professional.

(D) A licensed physician and surgeon, licensed psychologist, licensed marriage and family therapist, licensed clinical social worker, licensed professional clinical counselor, registered marriage and family therapist intern, or person registered as a clinical counselor intern to whom the records are provided for inspection or copying shall not permit inspection or copying by the patient.

(3) The health care provider shall inform the patient of the provider's refusal to permit him or her to inspect or obtain copies of the requested records, and inform the patient of the right to require the provider to permit inspection by, or provide copies to, a licensed physician and surgeon, licensed psychologist, licensed marriage and family therapist, licensed clinical social worker, or licensed professional clinical counselor designated by written authorization of the patient.

(4) The health care provider shall indicate in the mental health records of the patient whether the request was made under paragraph (2).



## LANGUAGE TAGLINES

### English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call [1-888-743-1478] (TTY: [711]).

### Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-888-743-1478] (TTY: [711]).

### Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-888-743-1478] (TTY: [711]).

### Tagalog (Tagalog– Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-888-743-1478] (TTY: [711]).

### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-888-743-1478] (TTY: [711])번으로 전화해 주십시오.

### 繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 [1-888-743-1478] (TTY: [711])。

### Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք [1-888-743-1478] (TTY (հեռատիպ) [711]):

### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [1-888-743-1478] (телетайп: [711]).

### فارسی (Farsi)

زبان‌های ت‌سه‌یلات‌ک‌ن‌ید،‌می‌گ‌ف‌ت‌گو‌ف‌ار‌سی‌ز‌بان‌به‌ا‌گ‌ر‌:‌ت‌وجه  
ش‌ما‌ب‌رای‌رای‌گان‌ب‌ص‌ورت  
ب‌گ‌یر‌ید‌ت‌ماس‌ [1-888-743-1478] (TTY: [711]) ب‌ا‌ب‌ا‌ش‌دم‌ی‌ف‌راه‌م



# LANGUAGE TAGLINES

## 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。[1-888-743-1478] (TTY: [711]) まで、お電話にてご連絡ください。

**Hmoob (Hmong)** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau [1-888-743-1478] (TTY: [711]).

## ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਿ ਰੇ, ਤਾੀਂ ਭਾਸ਼ਾ ਧ ਿੱਚ ਸਹਾਇਤਾ ਸੇ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। [1-888-743-1478] (TTY: [711]) 'ਤੇ ਕਾਲ ਕਰੋ।

## العربية (Arabic)

ب رقم ات صل ب المجان لك ت توافر ال لغوية المساعدة خدمات ف إن ال لغة، اذكر ت تحدث ك نت إذا: ملحوظة [1-888-743-1478] ( [711] ) . وال بكم ال صم هلت ف رقم)

**हिंदी (Hindi)** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-888-743-1478] (TTY: [711]) पर कॉल करें।

## ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร [1-888-743-1478] (TTY: [711]).

## ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អរ ើសិនជាអ្នកនិយាយ ភាសាខ្មែរ , រសវាជំនួយមននកភាសា រោយមិនគិត គឺអាចមានសំរាប់ អរ ើអ្នក។ ចូ ទូ ស័ព្ទ [1-888-743-1478] (TTY: [711])។

## ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ [1-888-743-1478] (TTY: [711]).