Healthix

Patient Account Access Request Form

Healthix is a non-for-profit Qualified Entity (QE) certified by the NYS Department of Health to participate in the State Health Information Network of New York (SHIN-NY). Our mission is to develop, deploy and operate innovative uses of interoperable health information technology and analytics to facilitate patient-centric care and promote improved health care quality, affordability and outcomes for New Yorkers.

This form is used by a patient or their legal representative to request report as indicated below. To have this request processed, please fill it out and return either by faxing it to our secure eFax 877-331-1729 or by mail to Healthix, attention to Compliance Department, 462 Seventh Avenue, 8th Floor, New York, NY 10018. *Note: To ensure privacy and security, records will not be released without providing proper identification upon receipt of this request by Healthix.*

1. **Patient Information:**

   Last: _____ First: _____ Middle: _____

   Address: _____ Date of Birth: _____

   Home/Cell Phone: _____ Relationship (circle): Self / Legal Representative

2. **Type of reports requested (check all that apply)**

   ☐ Patient Account Access Audit Log (maximum 6 years from the date of request)**:**
   ☐ Healthix Consent Values submitted by Participants
   ☐ Sources of Data

3. **Specify Date Range MM/YYYY**

   From _____   To _____

4. **Delivery Instructions:** Please provide e-mail address and phone number for delivery

   Email Address: _____   Telephone: _____

   Mailing Address (if applicable – paper copies only): _____

   _____

   _____   _____
   Patient Signature   Date of Signature

   Name of Patient's Legal Representative (if applicable) **signing on behalf of patient:**

   _____   _____
   Print Name/ Signature   Date of Signature