South Carolina Department of Social Services REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

Name	e: Date of Birt	h:
Addre	988:	
Telep	hone:	
	eby request the Department of Social Services (DSS) to provide me with access to my ained by DSS. Specifically, I would like to:	y protected health information
	nspect my protected health information for the time period	
f	rom to	 ,
c	or only the following portions:	
	Obtain a copy of my protected health information.	
some sourc physic	erstand that the right to access this information does not include psychotherapy notes legal proceedings; information provided under the promise of confidentiality where are; or, when the DSS determines that my access is reasonably likely to endanger my call safety. I understand that in such cases, DSS may deny my access to this information that the DSS will prove the provide process within 20 days of provide process.	ccess is likely to reveal the life or another person's life or tion.
	erstand that DSS will normally provide access within 30 days of receipt of my request otify me in writing and explain the reason for the delay and the date action will be take	
	erstand that I may be charged a fee for copying costs to obtain a copy of my protecte ailing costs if I want it mailed to me.	d health information, as well
	Signature of Client or Representative	Date
	Printed Name	
	Relationship of Representative to Client	