

Request for Access to Health Information

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|--------------------------------------|---|------------|
| Name of Client | Date of Request | |
| Mailing Address – Street or P.O. Box | Social Security Number, Patient Number, or State ID | |
| City, State, and Zip Code | Phone Number | Birth Date |

Check all of the programs that apply: Medicaid **hawk-i** Facility

To be completed by the client or the client’s personal representative

I ask the Department of Human Services give me access to the following health information about me or members of my family. I understand that I will get the information or a denial of my request in 30 days if the information is easily available. If the information is not easily available, I will get it in 60 days unless the Department writes to me giving me the reasons for needing more time (up to 30 more days).

I understand that there may be a charge for making a copy of this information and that I will be told of the charge before I receive the information.

I understand that there are certain types of health information that the Department cannot release by law, such as psychotherapy notes. I understand:

- If my request is denied because a medical professional believes the information may cause harm to me or to someone else, I can ask that another medical professional review the decision. If the second medical professional still denies my request, I can appeal that decision.
- If my request is denied for any other reason, I can appeal the decision.

I would like access to the following health information: *(Name the subject of the information.)*

I want this information for the following dates:

From: _____ To: _____

| | |
|---|------|
| Client or Personal Representative’s Signature | Date |
|---|------|

To be completed by Security and Privacy Office

- Request is granted.
- Request is denied. Reason for denial: _____

Manual and Rule Reference:

Security and Privacy Office Signature

Date

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

**Policy Regarding Discrimination, Harassment,
Affirmative Action and Equal Employment Opportunity**

It is DHS policy to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243 or via e-mail stopit@dhs.state.ia.us