Request to View Protected Health Information
Vermont Health Information Exchange

_____ _____/_____/_____
Patient name (Last, First, MI) (please print) Patient birthdate

_____
Patient address (Street, City, State, Zip code)

_____ _____ _____
Patient Phone Number (Home) Patient Phone Number (Cell / Alternate) Last 4 digits of Social Security #

An individual shall be provided the right of access to his or her protected health information available on the Vermont Health Information Exchange through his or her Participating Health Care Provider or through Vermont Information Technology Leaders, Inc. **If this form is being sent directly to VITL, the identity of the person named above, or the person's authorized representative, must be verified by a Participating Health Care Provider OR Notary Public.** Please note that this is a two-page form: use page two only when verifying identity by notary public.

I wish to view my protected health information on the Vermont Health Information Exchange, starting on

_____ and ending _____.
Start Date End Date

_____ _____
Signature of Patient or Authorized Representative Date

_____ _____
Name of Authorized Representative (please print) Relationship to Patient

_____
Authorized Representative address, if different from patient (Street, City, State, Zip code)

_____ _____
Authorized Rep. Phone Number (Home) Authorized Rep. Phone Number (Cell / Alternate)

Verification by Health Care Provider

_____ _____
Verified by (Signature of Provider) Date

_____ _____
Name of Verifying Provider (please print) Verifying Organization

_____
Verifying Organization Address (Street, City, State, Zip code)

Verification by Notary Public

Instructions for Notary Public: Before signing below, examine government photo ID to verify identity of Patient or Authorized Representative.

STATE OF _____

COUNTY OF _____, ss.

At_____, this _____ day of _____, _____ personally appeared, and he acknowledged this instrument by him sealed and subscribed, to be his free act and deed.

Before me, _____
Notary Public

My Commission Expires: _____
Date

Send completed form including notary public verification to:

Vermont Information Technology Leaders, Inc.
C/O Privacy Officer
1 Mill Street, Suite 249
Burlington, VT 05401

For more information or questions about this form, contact VITL toll-free at 888-980-1243