



San Mateo County Mental Health Services Division

**LOG OF REQUESTS FOR ACCESS TO  
PROTECTED HEALTH INFORMATION**

Date of Request \_\_\_\_\_

Client Name \_\_\_\_\_ MH # \_\_\_\_\_ DOB \_\_\_\_\_

The above named client or his/her representative requested that San Mateo County Mental Health Services provide access to Protected Health Information of the client. The Request for Access to Protected Health Information (or its equivalent) is complete and filed in the mental health chart.

- The client/representative was informed of any charges, prior to inspection and copying of the record.
- The client/representative requested a chart summary in lieu of a copy of the record.
- After review of the Protected Health Information by a licensed health professional, the request for access to this information was denied (specify reason for complete or partial denial of access):  
\_\_\_\_\_  
\_\_\_\_\_
- The client/representative was notified of the denial in writing, and informed of his/her right to appeal the decision.

If appealed, the decision was:     Upheld         Denied

\_\_\_\_\_  
Clinical Staff Signature

\_\_\_\_\_  
Date

- Document relevant communication with client/representative in chart notes.
- File log in Mental Health Chart