

CITY OF TRAVERSE CITY

REQUEST FOR ACCESS TO HEALTH INFORMATION

I, \_\_\_\_\_, whose date of birth is \_\_\_\_\_, request to inspect or copy (circle one) the following health information about \_\_\_\_\_ contained in the City's records:

I understand that the City has 30 days to comply with my request and that it may in limited circumstances deny my request and, in the event that the City denies my request, the City shall provide me with an explanation in writing. If I do not agree with the denial, I may ask to have it reviewed by a person other than the person denying my request. I further understand that the City may charge a reasonable fee for the costs of copying, mailing or other supplies associated with my request, as allowed by law.

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel. No.: \_\_\_\_\_

I \_\_\_\_\_ personally observed \_\_\_\_\_ sign this document before me, a notary public on the following date: \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Name of Notary Public \_\_\_\_\_

\* \* RETURN TO PRIVACY OFFICIAL \* \*  
CITY CLERK  
CITY OF TRAVERSE CITY  
400 BOARDMAN AVENUE  
TRAVERSE CITY, MI 49684

**A Government issued ID may be necessary.**

**FOR OFFICIAL USE ONLY**

Date Received:  
Action Taken (circle one): Granted Denied  
Fee charged:  
Reason for Denial (attach additional sheets if necessary):  
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