

**Polk County Board of County Commissioners
Response to Request for
Access to Protected Health Information (PHI)**

Date: _____

Patient's Full Name: _____

SSN or Other Patient Identifier: _____

Date of Request: _____

- ' Polk County will provide the information you requested.
- ' Polk County does not have the information you are seeking based on the information you provided.
- ' Polk County cannot provide the information you requested for the following reason(s):

Signature and Title: _____

Date Signed: _____

For Internal Use Only:

Polk County provided access to PHI in the following manner:

- An opportunity to inspect the PHI
- Paper copy(s)
- Electronic copy(s)

Date Provided: _____