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MY PARENTAL HEALTH CARE DIGITAL RECORDS RIGHTS

While my Child with Special Needs is Under Age 18

Health Care Records Right #1

HIPAA Records Rights Apply to You as a "Covered Entity"

My child has rights to access his/her confidential health care records as provided by the Privacy Rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Because you keep and transmit my child's health care records in electronic form, you are a "covered entity" subject to HIPAA. **Authority:** [45 CFR 160.103](#)

Health Care Records Right #2

I Have the Right to Access My Child's Records

My child is under age 18, not emancipated, and my parental rights have not been restricted. I am authorized under my State's law to make all health care decisions on my child's behalf. My child lives with substantial developmental disabilities that prevent my child from being able to personally give informed consent to health care services of any kind.

Under the HIPAA Privacy Rules, I am my child's "personal representative" and I am authorized to exercise all of my child's HIPAA rights, including the right to access health care records. **Authority:** [45 C.F.R. 164.502\(g\)\(2\)](#).

Health Care Records Right #3

I Have the Right to Receive PDF Copies of My Child's Records

I am requesting digital pdf copies because you keep my child's records in electronic form. As a result, you have the ability to produce my child's health care records in pdf format.

Authority: [45 C.F.R. § 164.524\(c\)\(2\)\(i\)](#). "The covered entity must provide the individual with access to the protected health information **in the form or format requested by the individual**, if it is readily producible in such form or format...."

Sample request for PDF copy of Health Care Records

Dear Medical Secretary:

I am requesting that you provide me with a PDF copy of my child's health care records (as described below) that you record and store electronically in your company's computer media. This request is being made pursuant to my rights under 45 C.F.R. 164.502(g)(2) and 45 C.F.R. § 164.524(c)(2)(i).

I am providing a USB flash drive for you to download your electronic copy of my child's health care records in PDF format.

Thank you.

Description of records requested: _____
