



Request for Audit of Access to Patient Health Information in the Vermont Health Information Exchange

Patient name (First MI Last, Suffix) (please print)

_____/_____/_____
Patient birthdate

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

Patient Phone Number (Home)

Patient Phone Number (Cell / Alternate)

Patient Email Address (In case we need to reach out when processing this form)

An individual may request an Audit Report of access to their protected health information on the Vermont Health Information Exchange by contacting Vermont Information Technology Leaders, Inc. (VITL). VITL shall provide the requested Audit Report as soon as reasonably possible and within 30 calendar days. **The identity of the person named above, or the person's authorized representative, must be verified by a Notary Public.** This is a two-page form; use page two when verifying identity by notary public.

I wish to request an Audit Report of access to 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)

Authorized Rep. Phone Number (Home)

Authorized Rep. Phone Number (Cell / Alternate)

Authorized Rep. Email Address (In case we need to reach out when processing this form)

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 s/he acknowledged this instrument by him sealed and subscribed, to be his/her free act and deed.

Before me, _____
Notary Public

My Commission Expires: _____
Date

Send completed form, including notary public verification, to:

VITL
C/O Privacy Officer
150 Dorset St.
Suite 245, PMB 358
So. Burlington, VT 05403

Questions? Call VITL toll free at 1-888-980-1234 or visit <https://vthealthInfo.com>