VITL

Request to View Protected Health Information in the Vermont Health Information Exchange

Patient name (First MI Last, Suffix) (please print) _____ Patient birthdate _____/_____/_____

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

Patient Phone Number (Home) _____ Patient Phone Number (Cell / Alternate) _____ Last 4 digits of Social Security # _____

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

An individual shall be provided the right of access to their protected health information available on the Vermont Health Information Exchange through Vermont Information Technology Leaders, Inc. (VITL). **The identity of the person named above, or the person's authorized representative, must be verified by a Notary Public.** Please note that this is a two-page form; use page two when verifying identity by a notary public.

I wish to view 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 Rep. (please print) _____ Relationship to Patient _____

Authorized Rep. 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/her 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