VITL

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

The Vermont Health Information Exchange, managed by VITL, contains Protected Health Information contributed by many organizations where Vermonters receive health care. This includes information like diagnoses, medications, lab test results, visit notes, and more (see https://vitl.net/for-vermonters/faqs/ for more details). Individuals have the right to request an audit report identifying all access to their Protected Health Information.

To request an audit report of your health information, please complete this form and sign it in front of a notary. Then mail the completed, notarized form to VITL.

1. Name and Contact Information

Patient Name: _____ Date of Birth_____
(Last, First, MI) (please print)

Address: _____
(Street, City, State, Zip code)

Phone Number: (Home) _____ (Cell)_____

Email Address: _____

If you are completing this form for someone else, please complete the following information:

_____
Name of Personal Representative* (please print) Relationship to Patient

_____
Personal Representative* Address, if different from patient (Street, City, State, Zip code)

Personal Representative* Phone Number: (Home)_____ (Cell)_____

2. Requested Date Range

Please indicate the date range for the audit you are requesting. If you do not request a date range, then three (3) years will be the default from the date VITL receives the request.

Start Date: _____ End Date: _____

3. Requested Format

Please indicate how you would like to receive this information. If no option is selected, the information will be printed and sent via Certified United States Postal Service (USPS) mail.

☐ Printed - Send via Certified USPS mail ☐ Secure encrypted email

*A Personal Representative is a person who has the legal authority to act on behalf of a person who is an adult or emancipated minor. A Personal Representative may be a parent or guardian who has the legal authority to act on behalf of an unemancipated minor. VITL requires a copy of the documentation that authorizes you to receive the healthcare information requested. Please photocopy and include the relevant document with this form. Some common forms of document establishing authorization to receive healthcare information on behalf of another are: Power of Attorney, Court Appointed Guardianship, Executor of an Estate, a written and signed attestation indicating a parent-child relationship.

4. Signature

_____

Signature of Patient (if patient is 12 years old or older) **Date**

_____

Signature of Parent or Authorized Representative* **Date**

If patient is younger than 12 years old, signature of Parent or Authorized Representative is required

If patient is between 12-18 years old, signature of Parent or Authorized Representative is optional

_____

Name of Parent or Authorized Representative* **Relationship to Patient**

5. 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

6. **Send completed form, including notary public verification, to:**

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

VITL will provide the requested information within thirty (30) calendar days.

For additional information or questions about this form, contact VITL Support at 802-861-1800
9 am – 5 pm, Monday – Friday, except holidays