



RAUTH

REQUEST FOR ACCESS TO HEALTH INFORMATION

Side 2 - For Christiana Care Use Only

Side 2 of 2

DEPARTMENT

Request received by: _____ on: ____ / ____ / ____

Extension requested (if applicable) on: ____ / ____ / ____

Access provided by: _____ on: ____ / ____ / ____

Or

Request referred to Privacy Office by: _____ on: ____ / ____ / ____

Comments: _____

PRIVACY OFFICE

Requested received by: _____ on: ____ / ____ / ____

Extension requested (if applicable) on: ____ / ____ / ____

Request reviewed by: _____ on: ____ / ____ / ____

Approved Denied

If denied, reason for denial: _____

Individual notified on: ____ / ____ / ____

If denied, second review completed by: _____ on: ____ / ____ / ____

Approved Denied

Individual notified of decision on: ____ / ____ / ____

If access approved, access provided by: _____ on: ____ / ____ / ____

Comments: _____
