ACCESS TO MENTAL HEALTH RECORDS

HOW CAN I ACCESS MY MENTAL HEALTH RECORD?
Each hospital or facility has its own department for handling records requests. You may need to send a written request by writing a letter requesting records or filling out a request form that the hospital or medical facility uses. The medical provider may ask for proof of identification.

A Sample Letter and a List of Hospitals in Santa Clara County are attached.

WHEN CAN ACCESS TO MY MENTAL HEALTH RECORDS BE DENIED?
❖ If your doctor believes that giving you access is likely to create a danger to the life or physical safety of you or another person
❖ If your records refer to another person and the doctor believes giving you access is likely to cause serious harm to that person
❖ If you are an inmate and your doctor believes that accessing your record would jeopardize the health, safety, security, or rehabilitation of you, staff, or other inmates
❖ If your doctor denies access to your mental health records, they must tell you why in writing and tell you about your appeal rights.

IS THERE A FEE FOR ACCESSING MY OWN HEALTH RECORDS?
Yes. You may be asked to pay up to 25 cents per page (50 cents per page if copied from microfilm). The provider must give you one copy free of charge if you need it to appeal a denial of public benefits.

HOW LONG WILL IT TAKE TO HAVE ACCESS TO MY MENTAL HEALTH RECORD?
If you are only asking to look at the record, the provider must respond within 5 working days. If you are asking for a copy, the provider must give you the copies within 15 working days. If the provider is giving you a summary of the record, he/she must do so within 10 working days. The provider has up to 30 days if you were discharged from the hospital less than 10 days before making the request.
WHAT CAN I DO IF I AM DENIED ACCESS TO MY MENTAL HEALTH RECORD?

❖ You can appeal the doctor’s decision. If you do so, your doctor must choose another licensed health care professional to review this decision.
❖ If you believe the doctor is denying you access in violation of the law, you can complain to the doctor or hospital and to the Department of Health and Human Services, Office of Civil Rights.
❖ A health care provider who violates California law in denying you access can be fined or have their license suspended or revoked.

WARNING: This information sheet is intended to provide accurate, general information regarding legal rights. It is not legal advice. Because laws and legal processes are frequently change and can be interpreted differently, the Law Foundation of Silicon Valley cannot guarantee that the information in this sheet is current. The Law Foundation of Silicon Valley cannot be responsible for what anyone does with this information. Do not rely on this information without consulting an attorney or the appropriate agency about your rights in your particular situation.
SAMPLE LETTER
REQUESTING A COPY OF YOUR RECORDS

[Date]

[Name of Your Doctor or the hospital]
[Address]

RE: [Your Name and Your Social Security Number]

To [Your Doctor or Medical Provider]

I am hereby requesting a copy of my medical records. I am requesting that you kindly send to me copies of all records and documents related to my treatment from [Insert Months and Years of the Treatment Period You Would Like to Review]. Please send copies of these records to me at the address below within thirty (30) days of receiving this request, as required by 45 C.F.R.§164.524.

Please contact me at [Your Phone Number] if you have any questions regarding my request.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Printed Address Where You Want the Records Sent]
SANTA CLARA COUNTY HEALTH FACILITIES

Attn: LPS Office
Barbara Arons Pavilion
Santa Clara Valley Medical Center
820 Enborg Court
San Jose, CA 95128
Fax: 408-885-3547

Crestwood Psychiatric Health Facility
1425 Fruitdale Ave
San Jose, CA 95128
Fax: 408-275-6998

Mission Oaks Behavioral Health
Good Samaritan Hospital
Attn: Medical Records
P.O. Box 240002
San Jose, CA 95154

EMQ FamiliesFirst
Health Information Management
251 Llewellyn Ave.
Campbell, CA 95008
Fax: (408) 364-7065

Kaiser Santa Clara Medical Center
Dept. 160, 1st Floor
710 Lawrence Expy.
Santa Clara, CA 95051
Information: (408) 851-1750