

[Company Name]

Request for access to electronic Protected Health Information

This form is used by an employee or outside contractor to request access to electronic protected health information in the possession of [Company Name].

Type of Access

Read Write Full Control

Information Requested

Please describe the information, systems, network shares that you would like to establish or modify access to:

Business Justification

Please describe the reason(s) why access is needed:

Review Procedures

Your request to access electronic protected health information will be reviewed by the Security Officer, who will determine if the information requested can be made available to you.

Approval

Security Officer

Date