



# Request for Audit of Access to Patient Health Information Vermont Health Information Exchange

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Patient name (Last, First, MI) (please print) Patient birthdate

\_\_\_\_\_  
Patient address (Street, City, State, Zip code)

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

An individual may request an Audit Report of access to his or her protected health information on the Vermont Health Information Exchange by contacting Vermont Information Technology Leaders, Inc. VITL shall provide the requested Audit Report as soon as reasonably possible and within 30 calendar days. **The identity of the person named above, or the person's authorized representative, must be verified by a Participating Health Care Provider OR a Notary Public.** This is a two-page form: only use page two when verifying identity by notary public.

I wish to request an Audit Report of access to 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 Representative (please print) Relationship to Patient

\_\_\_\_\_  
Authorized Representative address, if different from patient (Street, City, State, Zip code)

\_\_\_\_\_  
Authorized Rep. Phone Number (Home) Authorized Rep. Phone Number (Cell / Alternate)

## Verification by Health Care Provider

\_\_\_\_\_  
Verified by (Signature of Health Care Provider) Date

\_\_\_\_\_  
Name of Verifying Provider (please print) Verifying Organization

\_\_\_\_\_  
Verifying Organization Address (Street, City, State, Zip code)

## Verification by Notary Public

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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 he acknowledged this instrument by him sealed and subscribed, to be his free act and deed.

Before me, \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

Date

### **Send completed form including notary public verification to:**

Vermont Information Technology Leaders, Inc.  
C/O Privacy Officer  
1 Mill Street, Suite 249  
Burlington, VT 05401

**For more information about this form, contact VITL toll-free at 888-980-1243**