



Dear Consumer:

Providing access to your information on the Delaware Health Information Network is an important way to engage you with your healthcare. In order to request a copy of your DHIN information or to see which medical professional has accessed your information, please complete the attached "My DHIN Health Record, Request for Information" form. Requests can take up to 10 business days to fulfill. As an alternative, DHIN makes patient information available to verified users of Health Check Connect, a free personal health record portal that will allow you to view and access health information held by DHIN. You can create an account and view your health information by visiting <https://mydhinphr.com/> and clicking on the "Sign up now" link. You will be taken through certain identity verification steps, and will be able to access your information following successful completion of those steps.

Requests that are made in person at DHIN's office can be notarized on site by appropriate DHIN staff provided the requestor completes and signs the request form and can provide the corresponding forms of identification. All requests must be notarized to validate the requestor's identity. A copy of two forms of identification, including at least one government issued ID (driver's license, passport, military ID, Visa/immigration documentation, etc.) must accompany all requests (front and back sides of all ID's). The second form of ID may include employee ID's, membership cards, etc.

Requests can be fulfilled via hard copy paper or through various electronic mediums (thumb drive/memory sticks or secure email). DHIN can supply a thumb drive/memory stick provided DHIN is reimbursed for the cost of these materials (\$10 for a thumb drive/memory stick). Checks should be made payable to the Delaware Health Information Network. Payment must accompany the corresponding request.

Responsive information may be picked up directly from DHIN offices or may be sent by mail. Mailed responses will need to be sent via certified mail in order to ensure materials are received by the requestor. The requestor will be responsible for certified mail charges.

DHIN will not complete requests for patient information made by a 3rd party unless:

-The 3rd party is a parent or guardian of the patient and can provide appropriate documentation proving that relationship;

-The 3rd party requestor has Power of Attorney corresponding to the care of the patient and can provide appropriate documentation proving said relationship.

DHIN will consult with any required parties to confirm appropriate documentation of relationship for 3rd party requests has been received by DHIN. In the case of an approved 3rd party, DHIN will endeavor to respond to the request within 10-15 business days, allowing for appropriate time for review of documentation.

DHIN will not provide any patient information to a 3rd party that is subject to restriction by law (e.g. reproductive health information for minors 12 and older or employers).

We look forward to processing your request.

If you have any questions or would like to learn more about DHIN:

- Call DHIN at 302-678-0220
- E-mail at Info@DHIN.org
- Visit the DHIN website: www.DHIN.org



My DHIN Health Record Request For Information

Please indicate the nature of your request

_____ I wish to receive a complete overview of my health records on DHIN.

Initial

_____ I wish to conduct an audit review of the medical professionals that have accessed my information on DHIN.

Initial

I wish to receive my results on: _____ Paper _____ Thumb Drive _____ Secured Email

_____ DHIN may mail my results via certified mail and I am responsible for corresponding charges

_____ I will pick-up my results in-person at DHIN's office during normal business hours

First Name: _____ Middle Name: _____ Last Name: _____

Previous Last Name: _____ Date of Birth: _____ (Ex: 01/01/1990) Gender: ☐ Female ☐ Male

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____

Email Address: _____ Social Security Number: _____ (Ex. xxx-xx-xxxx)

Signature: X Date Signed: _____
(If under age 18 years, signature of parent or legal guardian)

For your protection, you must verify your identity in order for DHIN to process your request.

Your identity must be verified by a Notary Public who must complete the below section. Please also provide front and back copies of two forms of identification. One form must be a government issued document (driver's license, passport, military ID, Visa/immigration documents, etc). The other form of ID may be an employee ID, membership card, etc.

This form must be returned to DHIN with original signatures in black or blue ink.

Section to be completed by a Notary Public. Attention Notary: Please affix raised stamp seal on this form.

I witnessed the above named individual sign this document and the individual is personally known to me or provided me with valid picture identification on this day _____ of _____, 20____.
Day Month Year

Notary Print Name: _____ Phone Number: _____

Notary Signature: X Notary Exp.: _____

Must be an original signature in black or blue ink.