DHIN Health Record Audit Request

Dear Consumer,

DHIN can provide you with an audit report showing which organizations have accessed your information using the DHIN network Please complete the attached form and email it to us at info@dhin.org with the words “Patient Audit Request” in the subject line, or send it to us by USPS mail to:

Delaware Health Information Network
107 Wolf Creek Blvd. Ste 2,
Dover, DE 19901

The form must be notarized and be accompanied by front and back copies of a picture identification, which must be a government issued document (driver’s license, passport, military ID, Visa/immigration document, etc.).

Your request will be processed within 10 business days. Your requested information will be sent by secure email to the email address you provided with your audit request.

If you have any questions, please contact us by phone at 302-678-0220 or by sending an email to Info@DHIN.org

DHIN Health Record Audit Request

I wish to receive an audit showing who has accessed my health records held in DHIN's Community Health Record.

Please complete the information below.

First Name: _____ Middle Name: _____Last Name:_____

Previous Last Name: _____ Date of Birth: _____

Street Address: _____ City _____ State: _____ Zip Code:

Primary Phone:_____ Secondary Phone: _____

Email Address: _____

Last Four Digits of Patient's Social Security Number_____

Requestor Name _____ Relationship to Patient:_____

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

Special Instructions: _____

Your identity must be verified by a Notary Public who must complete the below section. Please also provide front and back copies of picture identification. The identification must be a government issued document (driver's license, passport, military ID, Visa/immigration documents, 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____

Notary **Print Name**: _____ Phone Number: _____

Notary **Signature: X** _____Notary Exp_____

***Must be an original signature in black or blue ink*.**