



HIPAA Privacy Rule Compliant
Division of Developmental Disabilities

Request for Access to Protected Health Information on Therap

Requester(s): Check the box above the person or people who request(s) access and complete this form.

PLEASE PRINT.

Request Access <input type="checkbox"/> Yes <input type="checkbox"/> No Participant's Name:
Participant's NFocus Person Number:
Request Access <input type="checkbox"/> Yes <input type="checkbox"/> No Guardian or Legal Representative's Name (if applicable):
Request Access <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/Additional Requester Name (if applicable): Relationship to Participant (if applicable):
Email address of the person requesting access:

Read only Therap Modules available to Participants and Guardians:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Appointments • Behavior Plans & Tracking • Behavior Events • Budget/Service Authorizations • Emergency Data Form • Individual Data Form | <ul style="list-style-type: none"> • Individual Home Page • Individual Support Plan <ul style="list-style-type: none"> ○ Personal Focus Worksheet ○ ISP Agenda • ISP Data • ISP Programs (Habilitation Programs) |
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Participant Signature (if applicable) Date
I understand if the recipient of the information is not a health plan or health care provider, the information may no longer be protected by privacy laws.

Guardian or Legal Representative Signature (if applicable) Date
I understand if the recipient of the information is not a health plan or health care provider, the information may no longer be protected by privacy laws...

Form should be e-mailed to dhhs.ddtherapaccess@nebraska.gov
 or mail via USPS to:

Department of Health & Human Services
 Division of Developmental Disabilities
 Attn: Therap access
 P.O. Box 98947
 Lincoln, NE 68509-8947

DHHS Use only:

Date Request Received:	Received By (and title):
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