



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

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

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

\_\_\_\_\_  
Patient Phone Number (Home) Patient Phone Number (Cell / Alternate)

\_\_\_\_\_  
Patient Email Address (In case we need to reach out when processing this form)

An individual may request an Audit Report of access to their protected health information on the Vermont Health Information Exchange by contacting Vermont Information Technology Leaders, Inc. (VITL). 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 Notary Public.** This is a two-page form; 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)

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

\_\_\_\_\_  
Authorized Rep. Email Address (In case we need to reach out when processing this form)

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

Before me, \_\_\_\_\_  
Notary Public

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

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

VITL  
C/O Privacy Officer  
150 Dorset St.  
Suite 245, PMB 358  
So. Burlington, VT 05403

**Questions? Call VITL toll free at 1-888-980-1234 or visit <https://vthealthInfo.com>**