



CITY OF TRAVERSE CITY
REQUEST FOR ACCESS TO HEALTH INFORMATION

I, \_\_\_\_\_, whose date of birth is \_\_\_\_\_, request
to inspect or copy (circle one) the following health information about \_\_\_\_\_
\_\_\_\_\_ contained in the City's records.

I understand that the City has 30 days to comply with my request and that it may in limited circumstances deny
my request and, in the event that the City denies my request, the City shall provide me with an explanation in
writing. If I do not agree with the denial, I may ask to have it reviewed by a person other than the person
denying my request. I further understand that the City may charge a reasonable fee for the costs of copying,
mailing or other supplies associated with my request, as allowed by law.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Requester

Full Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I \_\_\_\_\_ personally observed \_\_\_\_\_
sign this document before me, a notary public on the following date: \_\_\_\_\_.

\_\_\_\_\_ Signature of Notary Public \_\_\_\_\_ Name of Notary Public
\_\_\_\_\_ My Commission Expires

RETURN TO PRIVACY OFFICIAL
A Government-issued ID may be necessary.

City Clerk
400 Boardman Ave
Traverse City, MI 49684
231.922.4480 | tcclerk@traverscitymi.gov

FOR OFFICIAL USE ONLY
Date Received:
Action Taken (circle one): Granted Denied
Fee charged:
Reason for Denial (attach additional sheets if necessary):
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