REQUEST TO TRANSMIT ELECTRONIC PROTECTED HEALTH INFORMATION (PHI) TO THIRD PARTY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
LEGAL ADVISORY UNIT
SFN 1978 (9-2013)

Clear Fields

Client Name	Date of Birth	Telephone Number	
Address	City	State	ZIP Code
Unit	Case Number		

Note: There may be fees associated with your request.

Send an ELECTRONIC copy, if readily producible, of the requested PHI to the following third party (please clearly identify the designated person and where to send the copy of the PHI):

Designated Person to Receive Copy			
Address	City	State	ZIP Code
Provide an ELECTRONIC copy of the following PHI to the third party specified above (be specific):			
Time Period From: To:			

Signature of Client or Legal Representative	Date

UNENCRYPTED E-MAIL

If you are requesting DHS to send copies of the requested PHI by e-mail, please note that unencrypted e-mail is NOT a secure form of communication. There is some risk that any PHI and other confidential information that may be contained in such e-mail may be misdirected, disclosed to or intercepted by, unauthorized third parties. I consent and accept the risk in transmitting the requested PHI and other confidential information via unencrypted e-mail.

Signature of Client or Legal Representative	Date

FOR DHS USE ONLY

Staff Member Processing Request	Date

☐ Electronic Copy Sent

☐ Electronic Copy Sent in Part (Readily Producible)

☐ Electronic Copy Not Sent as it was not Readily Producible