Data Access Request Form Sample for Healthcare Data

The **Data Access Request Form** sample is designed specifically for healthcare data, ensuring secure and compliant access to sensitive patient information. This template helps streamline the approval process while maintaining confidentiality and regulatory standards. It is essential for managing data requests in medical environments efficiently.

1. Requestor Information

Full Name: [_____]

Email Address: [_____]

Organization/Department: [_____]

Role/Title: [_____]

2. Data Requested

Type of Data: [e.g., lab results, patient de]

Data Range (From - To): [_____] - [_____]

Purpose of Access:

[_____]

3. Data Security & Compliance

Will the data contain personally identifiable health information?

○ Yes ○ No

How will the data be securely stored?

[_____]

Describe measures for ensuring confidentiality and compliance (e.g., HIPAA):

[_____]

4. Approval

Approving Authority: [_____]

Approval Date: [_____]

[Submit Request]