

**Family Support Division  
Audit Document Request Form**

**Audit Title:**

**Audit Agency:**

**Auditor Name:**

**Date of Request:**

**Audit Period:**

**Document Requested**

**I attest that if this document request includes a request for protected health information (PHI) that I have an appropriate business-related reason for requesting the information and have requested the minimum necessary to accomplish the purpose for which use or disclosure is sought.**

**Legal Authority under HIPAA to receive PHI without authorization:**

**Signature:**

**Date:**

**(Return Form to Gary Hinzpeter, Audit Liaison, Family Support Division)**

**FOR FSD USE ONLY:**

**Date Received:**

**FSD Request Number:**

**FSD Unit:**

**FSD Staff:**

**Manager Name:**

**Date Manager Reviewed:**

**Date Assigned:**

**Date Completed:**

**PHI Disclosure**

**Circle (Yes/No)**

**PHI Disclosure Tracked**

**Circle (Yes/No)**