REQUEST TO INSPECT OR COPY PROTECTED HEALTH INFORMATION

Date: _____

Name: _____

I. Request to Inspect or Copy Protected Health Information

I hereby request to review protected health information (PHI) about me in a "designated record set" held by one of the plans sponsored by _____ (the "Employer") _____ (the "Plans") in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).

For purposes of this form, a "*designated record set*" is a group of records maintained by or for the Plans including enrollment, payment, claims adjudication and health plan case or medical management record systems; or records used by or for the Plans to make decisions about individuals. The term "record" means any item, collection or grouping of information that includes PHI that is maintained, collected, used or disseminated by or for the Plans.

Check any of the below, as applicable:

☐ I want to inspect PHI about myself maintained in the designated record set.

☐ I want to obtain a copy of PHI about myself that is maintained in the designated record set.

☐ I request that a copy of PHI about myself be mailed to the following address:

_____

_____

☐ I request that a copy of PHI about myself be mailed to the designated person (other than myself) at the following address:

_____

_____

☐ I request that the information be provided in the following format: (circle one)

Paper Computer Disk CD ROM E-Mail

☐ I request that the information be provided electronically as follows: (circle one)

Word Excel text HTML text-based PDF Other: (Specify) _____

I understand that if the format requested is not readily producible, the Plans will provide a readable hard copy form or such other form or format as agreed to by the Plans and by me.

I do/do not (circle one) agree that the Plans may provide a summary of the health information instead of allowing me to review the information.

If the same PHI that is the subject of a request for access is maintained in more than one designated record set or at more than one location, the Plans will only produce the PHI once in response to a request.

II. Other Important Information

I understand that the Plans have 30 days to respond to this request. If the Plans are unable to take action within the applicable time period, they may extend the time for such action by 30 days, provided that the Plans, within the applicable time period, give me a written statement of the reasons for the delay and the date by which the Plans will complete its action on the request. I understand that if the Plans grant this request, in whole or in part, it will inform me of the acceptance of this request and provide the access requested. In that event, the Plans will arrange with me for a convenient time and place to inspect or copy the PHI, or it will provide me with a copy as I have requested. However, if the Plans deny the request, in whole or in part, it will provide me with a written denial.

I agree to pay any fees for copying, summarizing, or explaining my health information. Fees will be reasonable and cost-based and will include only the cost of copying, postage (if I request that a copy or summary be mailed), and preparation of a summary (if I agree to a summary). If the information is requested in electronic form, the fee for providing such may include labor costs involved in producing the information and any cost for supplies needed to comply with the request.

I understand that this request does not apply to certain health information, including (1) information that is not held in the designated record set; (2) psychotherapy notes; (3) information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; and (4) other health information not subject to the right to access information under HIPAA.

III. Signature of Individual or Individual's Representative

_____ _____

Signature of individual or individual's representative **Date**

(Form MUST be completed before signing.)

Printed name of the individual's personal representative:

_____

Relationship to the individual, including authority for status as representative:

_____