Request for Accessing/Inspecting/Copying Health Information

Member Identification

Member Name:_____Date of Birth:_____Member ID #:_____

Member Address:_____
Street Apt # City State Zip

Member Home Phone #: (____)_____
Member Wk. Phone #: (____)_____

Request to Access/Inspect/Copy

I hereby request to ❑ Access/Inspect
❑ Copy
my health information in the following designated record set(s) for the period of time from _____ to _____:

- ❑ Medical Records
- ❑ Financial Records
- ❑ Categories of records that are used, in whole or in part, to make decisions about Members
- ❑ Employee health records maintained by an Company's Employee Health Service
- ❑ Enrollment, payment, claims adjudication information maintained by a health plan
- ❑ Other Company designated record sets: _____

I understand there is specific health information to which this Company may deny access, without my having an opportunity for review, as follows:

- Psychotherapy Notes
- Information compiled for civil, criminal, or administrative action or proceeding
- Health information subject to the Clinical Laboratory Improvement Amendments of 1988
- Information created or obtained in ongoing research that includes treatment if this was a condition of participation in the research; denial of access without an opportunity of review will be removed at the conclusion of the research
- Records that are subject to the Privacy Act, 5U.S.C. 522a
- Health information obtained under a promise of confidentiality

I further understand there may be circumstances when a licensed health care professional may deny my request for access to my health information; and that I am allowed to request a review by another licensed health care professional.

_____ _____ _____
Signature Title (If Personal Representative) Date

Request Determination on Reverse Side

This Section for Company Use Only

Review of Request

Determination:	❑ **REQUEST APPROVED**
Company Responsibilities:	❑ Determination of method for Member access ❑ Notice to Member of approved access ❑ Offer Member summary of information ❑ Notify Member of requirements for copies of health information
Determination:	❑ **REQUEST NEEDS FURTHER REVIEW**

_____ _____
Designated Staff Date

Review of Request by Licensed Health Care Professional

Determination:	❑ **REQUEST APPROVED**
Company Responsibilities:	❑ Determination of method for Member access ❑ Notice to Member of approved access ❑ Offer Member summary of information ❑ Notify Member of requirements for copies of health information
Determination:	❑ **REQUEST DENIED**
Reason for Denial:	❑ Reference made to another person could endanger that person ❑ Access could endanger life or physical safety of Member or other(s) ❑ Access requested by personal representative and access could cause substantial harm to Member or other(s) ❑ Other_____
Company Responsibilities:	❑ Written Notice to Member of basis for denial ❑ Provide Member with Opportunity to Request Review by licensed health care professional

_____ _____
Licensed Health Care Professional Date

Request Denied-Second Review

Determination:	❑ **REQUEST APPROVED**
Company Responsibilities:	❑ Determination of method for Member access ❑ Notice to Member of approved access ❑ Offer Member summary of information ❑ Notify Member of requirements for copies of health information
Determination:	❑ **REQUEST DENIED**
Reason for Denial:	❑ Reference made to another person could endanger that person ❑ Access could endanger life or physical safety of Member or other(s) ❑ Access requested by personal representative and access could cause substantial harm to Member or other(s) ❑ Other_____
Company Responsibilities:	❑ Written Notice to Member of basis for denial ❑ Provide Member with contact information for US DHHS Secretary

_____ _____
Licensed Health Care Professional Date