

Individual Request for Access to Personal Health Information

PURPOSE: This form is used for an individual's request to inspect and/or obtain copies of their protected health information or records in our designated record sets or the designated record sets of our business associates.

SECTION A: Individual requesting access.

Covered Employee's Name: _____ Employee's SSN: _____-_____-_____
 Covered Employee's Employer: _____ Current Phone: _____-_____-_____
 Name of Individual Making Request: _____ Individual's SSN: _____-_____-_____
 Current Address: _____

SECTION B: To the Individual – Please read the following and complete the information requested.

As provided by the Health Insurance Portability and Accountability Act, you have the right to inspect and obtain a copy of your protected health information contained in designated record sets we or our business associates maintain. This right does not apply to:

- 1) Psychotherapy notes;
- 2) Any information we may have compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding;
- 3) Protected Health Information that is:
 - a) Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. § 263a, to the extent the provision of access to you would be prohibited by law; or
 - b) Exempt from the Clinical Laboratory Improvements Amendments of 1988, 42 CFR 493.3(a)(2).

Each request made by an Individual for such access shall be subject to a charge as outlined below to cover the cost of labor, copying, postage, and if requested, preparing a summary of the requested information.

| Timeframe | Cost Per Year |
|-------------------------------|---------------|
| Current Year Data | \$25 |
| Previous Year Data | \$50 |
| 3 rd Year Data | \$75 |
| 4 th Year & Beyond | \$25/year |

For each additional year add \$25 for each aged year. Example: If the current year and previous year data is requested, the total charge is \$75 - \$25 for the current year plus \$50 for the previous year.

To exercise your right of access, please complete this Section B.

Please indicate specifically the information to which you are requesting access: _____

Please indicate the means by which you wish to inspect or obtain a copy of the requested information (fax, mail, on-site, etc.) and provide the necessary phone numbers or address(es) if different than shown above:

- Mail
 Fax
 Electronic
 On-Site
 Other: _____

