Policy #322
Att. A
10/1/04

ENROLLEE/PATIENTS REQUEST FOR ACCESS TO HEALTH INFORMATION FORM

Individuals have a right under law to request a copy of their health information in designated record sets. A summary of the information can also be requested. You will be responsible for payment of reasonable copying charges to a maximum of $.75 per page and an additional fee if you request a summary. All requests must be in writing. Your request will be processed and you will be notified of the decision. If information is denied, you have the right to request a review by a health care professional.

PLEASE PRINT

Enrollee/Patient Name:_____

S.S.Number:_____

Address:_____

_____

Phone: _____

E-mail _____

Description of information requested, with **dates,** if known:_____

_____

_____

I am requesting, (Please check): ☐ copies; ☐ a summary; ☐ inspection

Address to send information, if different from above:_____

_____

_____ _____

Enrollee/Patient Signature Date

_____

If signature is other than Enrollee/Patient's, describe representative's legal authority
(Identity of the REQUESTOR MUST BE VERIFIED.)

RETURN THIS FORM TO: (Insert Program Privacy Contact and Address)

_____

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