

## INDIVIDUAL REQUEST TO INSPECT HEALTH INFORMATION

TO: Plan Sponsor/Plan Privacy Officer

NAME OF PLAN:

Send Completed Form To: Privacy Officer  
Street Address  
City State Zip

I request to review health information held about me in the above group health plan "designated record set" in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A "designated record set" includes information such as medical records; billing records; enrollment, payment, claims adjudication and health plan case or medical management record systems; or records used to make decisions about individuals.

I understand that the group health plan has 30 days to respond to this request, and that if someone else holds the information or it is off-site, the response time is 60 days.

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

Electronic (if available)                       Paper

Check If Appropriate:

I agree that the group health plan may provide a summary of the health information instead of allowing me to review the information.

I also agree to and understand the following:

I agree to pay any fees for copying or summarizing my health information. Fees will be reasonable and cost-based, and include only the cost of copying, postage, and preparation of a summary (if I agree to a summary).

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 litigation; and (4) other information not subject to the right to access information under HIPAA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_