



## **REQUEST TO INSPECT AND/OR COPY PROTECTED HEALTH INFORMATION**

I request to review protected health information held about me in the "designated record set" by \_\_\_\_\_ (the designated health care component) 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 designated health care component 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): Paper \_\_\_\_\_ Electronic \_\_\_\_\_

Optional: I agree that the designated health care component may provide a summary of the health information instead of allowing me to review the information. Yes \_\_\_\_\_ No \_\_\_\_\_

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 \_\_\_\_\_

