



# FERRIS STATE UNIVERSITY

## HUMAN RESOURCES

### REQUEST TO INSPECT AND COPY

*Part I: To Be Completed By Health Plan Participant; Employee, Spouse, or Dependent*

1. Please complete the following:

Employee Name: \_\_\_\_\_

Employee's Department: \_\_\_\_\_

Health Plan Participants Name: \_\_\_\_\_

Participant Relationship: Employee Spouse Dependent EA

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

2. I would like access to the protected health information in the following manner:

\_\_\_\_\_ I would like to personally review the protected health information records at a mutually convenient date, time and place.

\_\_\_\_\_ I would like to obtain a copy of the protected health information records. (There may be a charge for this service—see below.)

\_\_\_\_\_ I would like Ferris State University ("FSU") to prepare a summary of the personal health information records. (There may be a charge for this service—see below.)

FSU will normally provide the information within 30 days of this request, if the information is stored or accessible on site and within 60 days if the information is stored and only accessible off-site. If FSU needs additional time to provide access to the information, it will send you a written notification explaining the reasons for the delay and the date by which the information will be available, which will be no longer than 30 days from the original deadline for providing the information.

3. Please provide the information in the following format:

\_\_\_\_\_ I would like to access the records in the same format in which they are maintained.

\_\_\_\_\_ I would like to access paper copies of the records.

\_\_\_\_\_ I would like to access electronic versions of the records, if the documents can be readily produced in an electronic version. For those records not in electronic format, I would like to access a paper copy.

420 Oak Street  
Prakken 150  
Big Rapids, MI 49307-2020

**Phone:** (231) 591-2150  
**Fax:** (231) 591-2978  
**Web:** www.ferris.edu



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4. Please provide the information to me in the following manner:

\_\_\_ I will personally pick up or review the records once you notify me they are ready.

\_\_\_ Please send the information to me by:

\_\_\_ U.S. postal service, at the address I have listed above.

\_\_\_ Inter-office delivery, to \_\_\_\_\_.

\_\_\_ Email (if available), at the e-mail address noted above.

\_\_\_ Other: \_\_\_\_\_.

5. If you are requesting a copy of your protected health information records, FSU may charge a fee for the costs of copying, including the costs of supplies and labor of making the copies. FSU may also charge for the cost of delivering the documents to you if you have elected to have them sent by U.S. mail or another service that charges FSU a fee. If the number of copies is small, FSU may elect not to charge for the copies. If there will be a charge, Human Resources (HR) will contact you to provide you with an estimate of the charge, and you can then decide whether you still want a copy of the documents.

If you are requesting a summary of your protected health information, FSU may charge a fee for the time spent preparing the summary and the costs of delivering the summary, if you have elected to have it sent by mail or delivery service. If there will be a charge, Human Resources will contact you to provide you with an estimate of the charge, and you can decide if you still want a summary prepared.

6. By signing this document, I hereby warrant that I have truthfully represented my identify and that I am authorized to receive the information that I have requested. I understand that if I have misrepresented my identity or my authority, that FSU may seek whatever criminal and civil relief is available.

Participant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Dependents under age 18 require a parent or legal guardian's signature

7. Submit this form to the Privacy Officer (PRK-150).

*Part II: To Be Completed By the Privacy Officer.*

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Extension requested: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Reason for extension: \_\_\_\_\_

Date extension notice sent (attached): \_\_\_\_\_

Date accounting sent (attached): \_\_\_\_\_

Request processed by: \_\_\_\_\_

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Federal law requires the retention of this document and all documents concerning this matter for a period of six years, beginning on the date of the final disposition of this request.