



REQUEST TO INSPECT AND COPY

Part I: To Be Completed By Health Plan Participant, Covered Spouse or Covered Dependent

1. Please complete the following:

Name: _____

Address: _____

Phone number: _____ Date: _____

Cell Phone: _____

Email address: _____

Date of birth: _____

Social Security Number: _____

2. This request concerns:

___ My health information.

___ The health information of my minor child who is covered by the Health Plan.
Child's name: _____ Child's SSN: _____ Child's date of birth: _____

___ The health information of an individual who is covered by the Health Plan and for whom I am the legal guardian.

___ Copies of documents establishing my legal authority are attached.

___ Copies of documents establishing my legal authority are already on file with the Health Plan
Individual's name: _____ Individual's SSN: _____ Individual's date of birth: _____

3. 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 the University Eye Center (“UEC”) to prepare a summary of the personal health information records. (There may be a charge for this service—see below.)

UEC 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 the UEC 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.

4. 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.

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

- I will personally pick up or come review the records once you notify me that the records are ready.
- Please send the information to me by:
 - U.S. postal service, at the address I have listed above.
 - inter-office delivery, to _____.
 - e-mail (if available), at the e-mail address noted above.
 - Other: _____.

6. Fees:

If you are requesting a copy of your protected health information records, the UEC may charge a fee for the actual costs of copying, including the costs of the supplies and for the labor of making the copies. The UEC may also charge for the actual cost of delivering the documents to you if you have elected to have them sent by U.S. mail or some other service that charges the UEC a fee. If the number of copies is small, the UEC may elect not to charge for the copies. If there will be a charge, someone from the UEC 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, the UEC may charge a fee for the time spent preparing the summary and the costs of delivering the summary to you, if you have elected to have it sent by mail or delivered by some other service. If there will be a charge, someone from the UEC will contact you to provide you with an estimate of the charge, and you can decide whether you still want a summary prepared.

7. Signature of individual:

I hereby warrant that I have truthfully represented my identity 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 the UEC may seek whatever criminal and civil relief is available.

Signature of individual

Date

8. Submit this form to the Privacy Officer (MCO-101F).

