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: Description of information requested, with **dates**, if known: I am requesting, (Please check): \square copies; \square a summary; \square 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)