

ACCESS REQUEST

Purpose: This form is used for an individual's request to inspect and obtain a copy of his or her protected health information in a designated record set that we maintain or that our business associates maintain for us.

SECTION A: Individual requesting access.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Identification Number: _____ Social Security Number: _____

TO THE INDIVIDUAL: Please read the following and complete the information requested.

You have the right to inspect and obtain a copy of your protected health information in our designated record sets. You are not entitled to inspect or obtain a copy of any information we may have compiled in anticipation of or for use in a civil, criminal or administrative proceeding, and certain other records. To exercise your right of access, please complete Section B.

SECTION B: Protected health information access requested.

Please specify the records to which you wish to have access: _____

Do you wish to: Inspect the record? Obtain a copy of the record?

Would you like us to make the records available to you: On paper? Electronically?

Do you want us to: Prepare a summary or an explanation of these records?

Do you want us to: Mail the copies?

The first copy of each document is free of charge. However, TRIPLE-S SALUD reserves the right to charge you \$0.75 per page, up to a maximum of \$25, for the summary or explanation.

Please list the name and address of each person for whom you want us to make a copy.

INDIVIDUAL'S SIGNATURE.

_____ Date: _____

If this request is by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name (must present written authorization): _____

Relationship to Individual: _____

YOU ARE ENTITLED TO A COPY OF THIS REQUEST