ACCESS REQUEST

Purpose: This form is used to request access by an individual to inspect and/or obtain copies of his or her own protected health information in designated record sets. Please reference Rule 164.524.

SECTION A: Member's Information.

Name: ________________________________

Identification Number: ______________________________

Address: ____

Telephone: ________________________________

SECTION B: To the individual—please read the following and provide the information requested.

You have the right to inspect and obtain a copy of your protected health information in designated record sets we or our business associates maintain. You are not, however, entitled to inspect or obtain a copy of any psychotherapy notes we may have, any information we may have compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding, any information not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. § 263a), and certain other records.

Please specify the records you wish to inspect or obtain copies of: (a) Dates (list range); (b) Claims; (c) Appeals;

(d) Enrollment; (e) Premium Billing; (f) Medical/Case Management; or (g) other.

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Do you wish to: ☐ Inspect these records? ☐ Obtain copies of these records?
You will be charged $0.50 per page to copy these records.

Do you want us to mail the copies to you? ____ You will be charged you for the postage.

INDIVIDUAL'S SIGNATURE.

____ Date: ______________________________

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

Personal Representative's Name: ____

Address: ____

YOU ARE ENTITLED TO A COPY OF THIS REQUEST

PLEASE RETURN THIS FORM TO:

Privacy Office
Planned Administrators, Inc.
P.O. Box 6927
Columbia, SC 29260
Fax: (803) 264-6229