

HEALTH BENEFIT PLAN



20547 Waverly Court, Ashburn, Virginia 20149 • (703)729-4677 or 1-888-636-NALC (6252)
 Fredric V. Rolando, President • Brian E. Hellman, Director



Request for Access to Protected Health Information

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have the right of access to inspect and obtain a copy of certain protected health information (PHI) that is maintained in a designated record set by the NALC Health Benefit Plan or its business associates. Please complete and sign this form if you wish to request access to the PHI we maintain.

Section A - about the person whose PHI you're requesting (Patient)

Member # _____ Patient's name _____

Patient's date of birth _____

Section B - about you, the person requesting access to the PHI

Your name _____ Daytime phone (____) _____

Your relationship to Patient _____
 (examples: self, parent, personal representative, power of attorney)

Your mailing address _____

City _____ State _____ Zip _____

Section C - about your request

Your right of access does not apply to the following: information that is not maintained by the NALC Health Benefit Plan; psychotherapy notes; information compiled in reasonable anticipation of litigation or for litigation; and other information not subject to the right to access information under federal law.

Please specify the PHI you would like to inspect and/or obtain copies or summary of. _____

You may choose to inspect the records at our office, or you may request copies or a summary of the information. Materials will not be provided electronically, such as by fax or e-mail. NALCHBP may charge reasonable cost-based fees, as shown below, for the production and mailing of copies and summaries. You will not be charged the cost of postage for materials sent by U.S. Postal Service first class mail. **By submitting this request, you agree to pay the fees, if charged.**

Please select the manner in which you would like access: (check all that apply)

_____ Inspection at the NALC Health Benefit Plan offices in Ashburn, Virginia. We will contact you to arrange a time.

_____ Copy(ies) at the cost of 25 cents per page copied. The cost of postage will be added if you select one of these: _____ Priority Mail _____ Certified Mail _____ Express Mail

_____ A summary of protected health information (instead of actual records), at a cost not to exceed \$35. The cost of postage will be added if you select one of these:
 _____ Priority Mail _____ Certified Mail _____ Express Mail

Signature of person requesting access to PHI

Date