



# NATIONAL ASSOCIATION OF LETTER CARRIERS HEALTH BENEFIT PLAN

20547 Waverly Court, Ashburn, Virginia 20149

Brian L. Renfroe, President • Stephanie M. Stewart, 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 obtain copies or a summary of: \_\_\_\_\_

Copies or summaries of PHI will not be provided electronically, such as by fax or e-mail. NALC Health Benefit Plan may charge reasonable cost-based fees, as shown below, for the production and mailing of these materials. 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)

\_\_\_\_\_ 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