

Request to Inspect or Copy Protected Health Information

Name: _____ Date: _____

I. Request to Inspect or Copy Protected Health Information

I hereby request to review protected health information (“PHI”) about me in a “designated record set” held by the Scott County Health Plans (the “Plan”) in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”).

A “*designated record set*” is a group of records maintained by or for the Plan including enrollment, payment, claims adjudication, and health plan case or medical management record systems or records used by or for the Plan to make decisions about individuals. The term “record” means any item, collection, or grouping of information that includes PHI that is maintained, collected, used, or disseminated by or for the Plan.

Check any of the below, as applicable:

- I want to inspect PHI about myself maintained in the designated record set.
- I want to obtain a copy of PHI about myself that is maintained in the designated record set.
- I request that a copy of PHI about myself be mailed to the following address:

I do / do not agree that the Plan may provide a summary of the health information instead of allowing me to review the information.

If the same PHI that is the subject of a request for access is maintained in more than one designated record set or at more than one location, the Plan will only produce the PHI once in response to a request.

