



REQUEST TO ACCESS PROTECTED HEALTH INFORMATION

You have a limited right to copy or inspect your protected health information maintained by SummaCare. We are not always required to grant such access but each request will be carefully reviewed. You will be notified when your request has been approved or denied and the reasons for any denial.

Please provide as much detail as possible regarding the protected health information you wish to review. For example, you may wish to review your protected health information concerning the payment of all claims to your primary care physician in 2015.

I wish to:

Receive a copy by mail of the information listed above* _____

Come in and inspect the information listed above _____

Come in and inspect the information listed above and pick up a copy at the same time* _____

Send this information via e-mail to: _____

_____ We will send your request by e-mail if it is practical. If it is not practical, we will contact you by e-mail so that you may select an alternative method to receive your information. (Information sent via e-mail may not be secure and will no longer be considered protected health information if sent via e-mail.)

Other _____

*Note that if you request copies of the information, we reserve the right to charge you per page for copies and for postage.

You have the option to receive the requested information in summary form with an explanation of what the information says instead of or in addition to the requested information.

_____ Yes, send me a summary/explanation instead of the complete information

_____ Yes, send me a summary/explanation in addition to the complete information

_____ No, send me the complete information only

We are permitted by law to deny part or all of your request for access for one or more of the following reasons:

- Your access request form is not signed by you or your representative;
- Your access request form is signed by your representative and the representative has not provided information on the source of his/her authority to act for you;
- We do not maintain the information you have requested to copy or inspect;

- The information you have requested is not part of your records;
- Your request is for psychotherapy notes;
- Your request includes information compiled for litigation;
- Your request includes information created or obtained in the course of research still in progress that includes your treatment and you agreed to this denial of access when consenting to participate in the research;
- A licensed health professional has determined that the requested access is likely to either endanger your life or safety or another person's life or safety or cause substantial harm to you or another person;
- Your request is to copy information and you are an inmate in a correctional facility (you retain the right to inspect the information);
- Your request includes information not subject to access under the federal Privacy Act; or
- Your request relates to certain information that was obtained from a confidential source and we are not required to provide access to it by law.

Please print the following information:

Member name: _____ Date of birth: _____

Member ID: _____ Daytime Phone: _____

Address: _____

Alternative Phone: _____

Member Signature: _____ Date: _____

Legal Representative Signature*: _____ Date: _____

Relationship to Member: _____

***If you are a legal representative of the member, you must attach copies of your authorization as required by state law to represent the member – for example, healthcare power of attorney or guardianship papers.**

**Please mail this form to SummaCare, Inc.
Attention: SMSO Compliance Department
PO Box 3620
Akron, Ohio 44309**

FOR SUMMACARE USE ONLY	
Person Reviewing: _____	Date Reviewed: _____
Disposition of request: _____	Date Notice sent to Member: _____