

**Request for Access to
Protected Health Information (PHI)**

I hereby request access to Protected Health Information maintained by the CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) for the purpose of inspection and/or obtaining copies.

MEMBER NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

TELEPHONE: _____ **MEMBER ID NO.:** _____

*** NAME OF PERSON COMPLETING THIS FORM IF DIFFERENT FROM MEMBER:**

Name *Relationship to Member*

** Must be parent of a minor, legal guardian, or authorized HIPAA Appointee of the Member.*

The Designated Record Sets Requested are: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Enrollment Records | <input type="checkbox"/> Payment Records Claims |
| <input type="checkbox"/> Adjudication Records | <input type="checkbox"/> Case Management Records |

The requested record dates are:

DATE: _____ DATE: _____ DATE: _____ DATE: _____

DATE RANGE: From _____ To _____

Unreviewable Grounds for Denial.

I understand that the HIPAA Compliance Director, CareFirst CHPMD, or his or her designee, will review this request, and that he or she has the right under the law to deny this request if:

- (i) the information is not maintained in a designated record set;
- (ii) the information is psychotherapy notes;
- (iii) the information was compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
- (iv) the information is:
 - (A) Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provision of access to the Individual would be prohibited by law; or
 - (B) Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2);
- (v) the information is contained in records that are subject to the Privacy Act, 5 U.S.C. § 552a, if the denial of access under the Privacy Act would meet the requirements of that law; or

- (vi) the Protected Health Information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

Reviewable Grounds for Denial.

I understand that the HIPAA Compliance Director, CareFirst CHPMD, or his or her designee, will review this request, and that he or she has the right under the law to deny this request if:

- (i) A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the Individual or another person;
- (ii) The Protected Health Information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
- (iii) The request for access is made by the Individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the Individual or another person.

I understand that if my request is denied, the HIPAA Compliance Director or his or her designee must send me a written explanation of the denial as quickly as possible, but no later than 30 days after the request was submitted, (or 60 days if the information is maintained off-site, or if the Plan notifies me within 30 days that it needs a one-time extension for no more than an additional 30 days). The written explanation must include a statement of my right to review the denial, if the denial is reviewable, and information on how to make an official complaint to the Plan or to the Secretary of the Department of Health and Human Services.

I understand that the HIPAA Compliance Director or his or her designee must also make any Protected Health Information requested available to me to the extent consistent with the denial.

I understand that if my request is denied based on "reviewable grounds," I have the right to have the denial reviewed by a licensed health care professional who is designated by the CareFirst CHPMD, to act as a reviewing official and who did not participate in the original decision to deny. The HIPAA Compliance Director must provide or deny access in accordance with the determination of this reviewing official. To initiate a review, I must make a written request to the HIPAA Compliance Director. I understand that if the Plan does not maintain the information I requested, and the HIPAA Compliance Director or any other member of the Plan Administrative Team knows where the requested information is maintained, the HIPAA Compliance Director must inform me of where to direct the request for access.

I understand that, if approved, the requested records:

- 1) will be furnished in a form or format that is acceptable to me, if readily reproducible in that form or format; or, if not, in a readable hard copy form;

2) will be furnished as quickly as possible, but no later than 30 days after the request was submitted, (or 60 days if the information is maintained off-site, or if the Plan notifies me within 30 days that it needs a one- time extension for no more than an additional 30 days);

3) may be furnished by a Business Associate who stores and maintains the requested records. I understand that I may be charged a reasonable fee for copying the requested records and mailing the records (if requested).

I understand that I may be charged a reasonable fee for copying the requested records and mailing the records (if requested).

*Signed: _____ Date: _____
Signature of Member

Signature must be that of the Member, authorized parent of a minor, legal guardian, or authorized HIPAA appointee of the member

Send your request to this address so that we can process it timely. Requests sent to persons, offices or addresses other than the address listed above might be delayed.

Director of Compliance
PO Box 915
Owings Mills, MD 21117

You may call us toll free at 410-779-9369 or 1-800-730-8530. TTY users call 711.

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