



ACCESS REQUEST FORM

Use this form to request that GEHA provide you with a copy of protected health information ("PHI") maintained within a designated record set by or on behalf of GEHA.

About you, the GEHA member whose PHI is requested

Plan ID Number: _____

Member Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Please place a check mark in front of each plan you want this Access request to be applied:

- GEHA Health Plan
- GEHA Connection Dental Federal Plan
- Connection Dental *Plus* Plan
- CONNECTION Vision Plan

PHI To Be Released

Description of PHI Desired _____

Dates of Service from: _____ to _____

Format: Paper Copy Electronic Copy

Summary of Requested Information Inspection at GEHA

(a fee may be charged) (an appointment will be scheduled)

PHI to be released to: Self Other (Please fill in contact information below)

Mail to Name: _____

Mail to Address: _____

Email (if Electronic Copy Requested): _____

- I understand that my request will be processed within 30 days. GEHA may take up to 30 additional days to fulfill the request, but will inform me within 30 days of receipt of the request of the need for an extension.
- I understand that, under HIPAA, I have the right to inspect and/or obtain a copy of my PHI maintained in a designated record set, unless otherwise prohibited by law.
- I understand that this request may be denied in whole or in part. If so, except as otherwise permitted under applicable law, I have the right to request a review of this decision and understand that GEHA will communicate these rights in the case it denies my request.

Date: _____

Patient or Legal Representative Signature: _____

Relationship to patient: _____
(i.e. parent, legal guardian, power of attorney, etc.)

NOTE: If the signature is not that of the patient or the parent when the child is a minor, appropriate legal documentation is required to accept the signature.

8/5/19

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN THE ORIGINAL SIGNED FORM TO:

**ATTN: Access Request
GEHA
P.O. Box 21542
Eagan, MN 55121
FAX: 816-257-3283**

PHI04/R12
ENR-1425-PHI04
GE-FRM-0119-006