



# ACCESS REQUEST FORM

You have the right of access to copy or inspect certain pieces of your Protected Health Information (PHI) held by the affiliated entities AultCare Corporation, AultCare Health Insuring Corporation (AHIC) which also does business as PrimeTime Health Plan, AultCare Administrative Group (AAG), and AultCare Insurance Company (AIC) which also does business as AultCare HMO. We are not always required to grant such access, but each request will be carefully reviewed and approved if warranted. You will be notified when your request has been approved or denied and the reasons for any denial.

Member Name		Date	
Group Number		Member ID Number	
Address to receive PHI			
Street	City	State	Zip Code
Phone Number			

Please provide as much detail as possible regarding the PHI you wish to review, including a reason for the request.

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

If you request additional copies of the information, you may be charged a fee.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

We will not process any requests that are not signed by you or your representative. If you are the member's representative, please provide documentation or explanation of your authority to act for the member. If you do not have such documentation, please complete the Authorization for Release of Information Form.

Please return the completed form to: ATTN: Privacy Coordinator, PO Box 6029, Canton, OH 44706.

We are permitted by law to deny some 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 the requested access is likely to either endanger your 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 HIPAA Privacy/Security Act.
- 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.