

Employee Group Insurance

Request for Access to Protected Health Information

1. Name: _____

2. Date of Birth: _____

3. Social Security No.: _____

4. I request access to medical information maintained by or for Employee Group Insurance (“EGI”) about me as a member of (check all that apply):

- UT Health Select,
- UT Dental Select.
- UT Flex

5. I request access to the following medical information (please specify the exact information to be disclosed, including, if applicable, dates of service):

- My complete medical record:
- Other: _____

6. I request access to the medical information in the following form:

- On-site access to the records
- Copies delivered to me by mail to the following address:

- Copies faxed to me at the following number: _____
- Other: _____

I understand that EGI may charge a fee for the costs of copying, mailing, or other supplies associated with this request.

7. I understand that EGI may, under federal law, deny my request to access my medical records in certain limited circumstances. In some cases, if I am denied access to my medical information, I may request that the denial be reviewed, in which case a licensed health care professional chosen by EGI will review my request and the denial. The person conducting the review will not be the person who initially denied the request. EGI will comply with the outcome of the review.

Signature: _____ Date: _____

If the request is signed by a legal representative of the individual:

Printed name of legal representative: _____
Representative’s authority to act for individual: _____

For EGI Use Only

Person processing request for access: _____

Date request received: _____

Is any PHI maintained off-site? Yes
 No

Deadline to grant/deny requested access: _____

Was there an extension of the deadline?

No

Yes: Reason: _____

Date written notification given: _____

New deadline to grant/deny access: _____

Access: Granted Denied Date individual notified: _____

If granted:

Date access granted: _____

How access provided: _____

Fee charged: _____

If denied for reviewable grounds:

Did individual request review of denial?

No

Yes (check one)

Access granted: Date individual notified: _____

Date access granted: _____

How access provided: _____

Fee charged: _____

Access denied: Date individual notified: _____