

Request for Access to Inspect and Get a Copy of Protected Health Information

1. You have the right of access to inspect and get a copy of protected health information (PHI) we maintain about you in your personal "Designated Record Set". Your Designated Record Set is a group of records we use to make decisions about your health care.
2. You must make your request in writing using this form.
3. We will respond to your request within the time required by law explained in this form.
4. We must follow law that identifies some very limited exceptions to your right to inspect or get a copy of your PHI. If we are required by law to deny any part of your request our response will explain why and tell you about your rights following a denial.
5. We may charge a cost-based fee for making and providing copies of your PHI and will inform you in advance of the approximate amount of the fee.
6. You may request a summary of your PHI or an explanation of copies of your PHI if you agree to pay the fee for creating the summary or explanation. We will inform you in advance of the approximate amount of the fee for creating the summary or explanation of your PHI.
7. Your right to be informed of the approximate fees associated with this request is provided in Section 5 of this form.
8. You may direct us to send a copy of your PHI to another person or entity clearly identified in Section 4 of this form.

About this Form

1. You must use this form to make your request for access to inspect or get a copy of your PHI.
2. We will explain and help you fill out this form if you wish.
3. You may also fill out this form by yourself and submit it to us. If you have questions when you are filling out this form by yourself please call our Privacy Official at 914-727-2135 for help.
4. We must be sure of (verify) your identity when you submit this form. If this form is submitted for you by your Personal Representative we must be sure of your Personal Representative's identity and authority to act for you.

Your Name: _____

Birth Date: _____ Last 4 Numbers

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 Social Security # _____

Address: _____

Street Address Apt #

City State ZIP

Section 1. Description of PHI

Please describe the PHI you want to inspect or you want us to copy and give to you in the text box below. If information is typed in the text box, the text box will expand as the information is entered. If the information is entered by hand writing and you need more room please use additional sheets of paper.

Section 2. Access Requested

Mark a Box to tell us what kind of access you are requesting.

Inspect PHI Only

I request access only to inspect my PHI

No Cost to Inspect PHI

Obtain Copies of PHI

I request copies of my PHI

Cost of Copies

There may be a reasonable, cost-based fee for providing copies of PHI and, if so, the approximate fee will be provided in advance by Section 5 of this Form.

Form and Format of Copies

Request for Access to Inspect and Get a Copy of Protected Health Information

CHOICE of NY will provide copies of PHI in the form and format requested in Section 3 of this form, if it is readily producible in that form and format, or if not, in a readable hard copy form or other agreed upon format.

Delivery (Transmission) of Copies

CHOICE of NY will provide copies of PHI to the person and by the method described in Section 4 of this form.

Options

Summary of the PHI requested, instead of copies of PHI

You may request that we prepare and provide a summary of the PHI you have requested instead of copies of the PHI if:

1. You ask to receive the summary in a form we can provide (paper or electronic); and
2. You agree to fees we may charge for preparing a summary - we will inform you of the approximate fees before you choose to receive a summary - see Section 5 of this Form

I request a summary of my PHI instead of copies. I agree to pay the fee for preparing and providing a summary that is approximated in Section 5 of this form

Explanation of the PHI to which access has been provided in addition to copies of PHI

You may also request that we provide an explanation of the PHI to which access has been provided in addition to copies of PHI by checking the box below if:

1. You ask to receive the explanation in a form we can provide (paper or electronic); and
2. You agree to fees we may charge for preparing an explanation - we will inform you of the approximate fees before you choose to receive an explanation - see Section 5 of this Form

I request an explanation of my PHI in addition to copies. I agree to pay the fee for preparing and providing an explanation that is approximated in Section 5 of this form

Section 3. Form and Format of Copies of Your PHI

I want to receive copies of my PHI in:

Hard Copy

Hard Copy refers to paper records, photographs, etc.). Records that are maintained on paper and electronically are available in Hard Copy.

or in

Electronic Format

Records maintained electronically and paper if those records that can be readily reproduced electronically are available in Electronic Format.

Please select an Electronic Format

DVD

USB Drive - some times called a thumb, flash or zip drive - you may but are not required to purchase a USB Drive from us at cost

Regular Email

You have the right to receive access to your PHI by regular email which is not secured by a technical process called encryption. That means there may be some level of risk information in the email could be read by someone besides you. If you want us to send your PHI to you or to another person named in Section 4 of this form by Regular Email please mark the following box and provide the Regular Email address you want us to use.

Please send the requested PHI to the email address below. I prefer to receive access to my PHI by Regular Email and understand it is not a secure method of electronic transmission.

Send PHI to this Regular Email Address:

Other Electronic Format described below

Electronic Storage Material You Provide

Our electronic security policies may prevent us from copying your PHI onto electronic storage

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Section 5. Approximate Fees

I understand a reasonable, cost-based fee may be charged for providing copies of my PHI if I choose, either a summary of my PHI instead of copies, or an explanation of the PHI in addition to copies. I also understand these fees apply to a copies of PHI that I request be sent to another person.

Approximate Fees for Access Requested

The approximate fee for providing copies or a summary or explanation of PHI, if applicable, is

\$

If requested we will provide a breakdown of the charges for labor, supplies, and postage, if applicable, that make up the total fee charged.

Submission of Request for Access

I agree to the approximate fee, if any, written above and by signing below submit this Request.

Signature, Individual/Personal Representative _____

Name, Personal Representative (if any) _____

Personal Representative's Title/Authority to Act _____

Receipt of Request for Access

Identity of the Individual verified

Identity and Authority to Act of Personal Representative verified

CHOICE of NY

by:

_____ Signature _____ Printed Name and Title

Date of Receipt of Request: _____

We will respond to your request NOT LATER THAN 30 DAYS AFTER RECEIPT OF request

If Additional Time is Required to Complete Action on Request

During the next 30 days, if we find we need more time to complete action on this request, we will check the box below, explain why we need more time - which will not be more than 30 additional days - and notify you of the extension of time by sending you a copy of this form.

We need an extension of time to respond to your request for the following reason(s):

There will be no further extensions of time to respond to the request.

We will complete action on your request by this date: _____

Certification - Written Statement of Extension Provided to Individual

The undersigned certifies this written statement concerning the extension of time to take action on the request, reason(s) for the extension and the date by which action on the request will be completed was provided to the Individual or Personal Representative on:

Date: _____

By means of:

First Class U. S. Mail

Personal Delivery

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The Delivery Method described in the text box below:

CHOICE of NY
by:

Signature

Printed Name and Title