

Member Name: _____
Planholder SSN: _____ Date: _____
Member Relationship to Planholder _____



Request to Inspect or Copy

Your Protected Health Information

I. Your Protected Health Information

The Kentucky Employees' Health Plan ("KEHP") collects and maintains protected health information ("PHI") that includes personal identifiers, enrollment, eligibility, and dependent and qualifying event information. KEHP utilizes a third-party claims administrator and a pharmacy benefits manager, referred to as "Business Associates," to carry out certain functions for KEHP. Because of their administrative responsibilities, these Business Associates create, receive, maintain, and transmit PHI on behalf of KEHP. Like KEHP, the Business Associates are responsible for ensuring the protection of your health information.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), KEHP and its Business Associates may use and disclose your PHI for treatment, payment, or health care operations including, but not limited to, claims processing, billing, case management, provider credentialing, and utilization review. Other uses and disclosures permitted or required by HIPAA are outlined in KEHP's Notice of Privacy Practices.

II. Your Rights

You have the right to inspect and obtain a copy of your PHI in a designated record set. A "designated record set" means a group of records maintained by or for KEHP that is (1) the medical records and billing records about you maintained by or for a covered health care provider; (2) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for KEHP; or (3) used, in whole or in part, by or for KEHP to make decisions about you. A "record" means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for KEHP.

You do not have the right to inspect and obtain a copy of (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; (3) PHI that is subject to or exempt from the Clinical Laboratory Improvements Amendments of 1988; or (4) information not maintained in a designated record set.

All requests to inspect or copy your PHI must be made in writing. The written requirement is satisfied by completing this form and remitting it to the Privacy Officer at the address listed below.

III. Request to Inspect or Obtain a Copy of PHI

Check any of the below that apply:

- I want to **inspect** my PHI that is maintained in a designated record set.
➤ Describe in detail the PHI you request to inspect: _____
- I want to **obtain a copy** of my PHI that is maintained in a designated record set.
➤ Describe in detail the PHI you request to have copied: _____

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➤ I request that the copy of my PHI be mailed to:

Name: _____
Street address/P.O. Box #: _____
City, State, and Zip: _____

➤ I request that my PHI be provided in the following format: (Check one)

Paper Disk CD Rom E-mail

➤ KEHP may provide you with a summary of the PHI requested in lieu of providing access to the PHI; or, KEHP may provide an explanation of the PHI to which access has been provided. You must agree in advance to such a summary or explanation and the fees imposed by KEHP for the summary or explanation. (Check one)

I [agree] [do not agree] to a summary or explanation of the PHI requested and the associated fees. Fee amount: _____.

KEHP must provide you with access to the PHI in the form and format requested by you, if it is readily producible in such form and format; or, if not, in a readable hard copy form or such other form and format as agreed to by you and KEHP. KEHP may impose a reasonable, cost-based fee for labor, supplies, postage, and preparing an explanation or summary.

If the same PHI that is the subject of a request for access is maintained in more than one designated record set at more than one location, KEHP need only produce the PHI once in response to a request for access/copy.

IV. Denial of Access/Complaints

KEHP may deny you access to your PHI without providing you an opportunity for a review of the denial if (1) the PHI is exempted from access for the reasons listed in Section II above; (2) access is temporarily suspended for as long as research is in progress, provided you have agreed to the denial of access when consenting to participate in the research; (3) denial of access under the Privacy Act would meet the requirements of that law; or (4) your PHI 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.

You have the right to request a review of a denial by a licensed health care professional who is designated by KEHP to act as a reviewing official if the denial is because (1) a licensed health care professional has determined that the access requested is reasonably likely to endanger the life or physical safety of you or another person; (2) the PHI makes reference to another person and a licensed health care professional has determined that the access requested is reasonably likely to cause substantial harm to such other person; or (3) the request for access is made by the individual's personal representative and a licensed health care professional has determined that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

To request a review of a denial to access or obtain a copy of your PHI, you must submit the request for a review to the Privacy Officer at the address below within 30 days of the date of denial.

You have a right to complain to the Privacy Officer or to the Secretary of the U.S. Department of Health and Human Services ("HHS"). The complaint must (1) be in writing (either on paper or electronic); (2) name the person that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable administrative simplification provisions of HIPAA; and (3) be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the Secretary for good cause shown.

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If you are submitting a complaint to the Privacy Officer, your complaint must be delivered to the attention of the Privacy Officer at the address listed below. If you are submitting a complaint to the Secretary, you should follow the complaint filing instructions on the HHS website at www.hhs.gov.

V. Signature of Member or Member's Personal Representative *(Form MUST be completed before signing.)*

By signing below, I am indicating that I understand my rights and limitations regarding access to and inspection of my PHI.

_____ Printed Name of Member	_____ Printed Name of Member's Personal Representative (If Applicable)
_____ Signature of Member or Member's Personal Representative	_____ If a Personal Representative – Describe Relationship to Member. Include authority/documentation proving status as a Personal Representative.
Date: _____	

Remit Form To: Sharron S. Burton, Privacy Officer
Office of Legal Services
Personnel Cabinet
501 High Street, 3rd Floor
Frankfort, KY 40601
Fax: (502) 564-7603
Sharron.Burton@ky.gov

VI. KEHP Response to Your Request for Access or a Copy of Your PHI

KEHP must act on a request for access to or copy of your PHI no later than 30 days after receipt of the request. If KEHP is unable to take action within 30 days, KEHP may extend the time for such action by no more than 30 days. If a 30-day extension is required, KEHP will inform you, in writing, of the reasons for the delay and the date by which KEHP will complete its action on the request.

In response to the request for access or a copy of your PHI in a designated record set, KEHP:

Agrees to your access/inspection request. The information you have requested to inspect will be available at the Personnel Cabinet, 501 High Street, Frankfort, Kentucky between 8:00 am and 4:30 pm (EST) Monday through Friday beginning _____. You may contact the Privacy Officer named above to arrange for an appointment to review your requested PHI.

Agrees to provide a copy of your PHI in the requested format. Fee: _____
The copy of your requested PHI will be mailed to you upon receipt of the fee.

Agrees to provide a copy of your PHI; however, the information is not readily producible in the form and format requested. KEHP is providing the requested PHI in a readable hard copy or in _____ form/format as agreed to by you and KEHP. Fee: _____
The copy of your requested PHI will be mailed to you upon receipt of the fee.

Denies your request for access of a copy of your PHI for the following reasons and you **do not** have a right of review for the denial:

You requested psychotherapy notes and such notes are exempted from your right of access/copying

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You requested information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

You requested information that is subject to or exempt from the Clinical Laboratory Improvements Amendments of 1988 and access would be prohibited by law.

You have consented to participate in research. The requested information is temporarily suspended for as long as research is in progress.

You requested information subject to the Privacy Act and denial of access meets the requirements of that law.

You requested information that 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 information.

KEHP does not maintain the PHI that is the subject of your request. Your request should be directed to _____ for access to your PHI.

Denies your request for access of a copy of your PHI for the following reasons and you **do** have a right of review for the denial:

A licensed health care professional has determined that the access requested is reasonably likely to endanger the life or physical safety of you or another person.

The PHI makes reference to another person 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.

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.

KEHP does not maintain the PHI that is the subject of your request. Your request should be directed to _____ for access to your PHI.

Other reason for denial described in detail as follows:

To request a review of the denial, please follow instructions in Section IV above.

Signature of KEHP Privacy Officer

Date: _____

Fee Amount: _____ Date Fee Received: _____

Date Copy Mailed to Member: _____