

INDIVIDUAL REQUEST TO INSPECT/COPY HEALTH INFORMATION

I request to review health information held about me in the Clackamas County group health plan's "designated records set" in accordance with the Health Insurance Portability and Accountability Act of 1996. A "designated records set" includes information such as medical records, billing records, enrollment, payment, claims adjudication and health plan case or medical management records systems or records used to make decisions about individuals.

Specific records requested: _____

I understand that Clackamas County has thirty (30) days to respond to this request if the information is maintained on-site and sixty (60) days if the information is maintained off-site, and that an additional thirty (30) day extension may be required under certain circumstances.

I request that the information be provided to me in the following format:

- ☐ Viewed on site at 2051 Kaen Road, Oregon City, OR, 97045
- ☐ E-mailed as an attachment to: _____
(Please note that very few documents are available via e-mail.)
- ☐ Paper copies sent to name and address below. I agree to pay any fees for copying and postage.

I understand that this request does not apply to certain health information, including (1) information that is not held in the designated record set; (2) psychotherapy notes; (3) information compiled in reasonable anticipation of or for litigation; and (4) other information not subject to the right to access information under HIPAA.

Signature/Date: _____

Name (please print): _____

Address: _____

City/State/Zip: _____

Daytime Telephone Number(s): _____

RESPONSE TO REQUEST TO INSPECT/COPY HEALTH INFORMATION

- ☐ Request granted. Documents provided as requested on _____ (date).
- ☐ Request reviewed, but a delay in action is necessary for the following reason:

Clackamas County will respond to your request no later than _____ (date)

- ☐ Request denied for the following reason:

You may file a complaint in writing regarding this decision with:

Clackamas County Risk & Benefits
Benefits Manager
2051 Kaen Road
Oregon City, OR 97045

Secretary of the U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue S.W.
Washington, DC 20201

You are entitled to an appeal to the Clackamas County Benefits Manager if your request was denied because in the opinion of a licensed health care professional, granting access is likely to endanger the life or physical safety of you or another person. If you appeal, your appeal will be reviewed by a licensed health care professional designated by the plan who did not participate in the original decision. The appeal and notice of the appeal decision will be conducted promptly.