



Group Insurance Commission

Request Form To Inspect or Receive A Copy of Protected Health Information

I understand that I have the right to inspect or receive a copy of my protected health information. I understand that there may be a fee for copies, preparation or postage, and that I will be informed of an estimated fee in advance for large volumes of material. I understand that my request to access my records may be subject to some limitations. I also understand that the GIC will respond to this request in 30 days unless I receive notification in writing that it will take longer to process my request.

Name: _____ Request Date: _____

Address: _____ SS#: _____

DOB: _____

1. _____ I wish to **visually inspect** the records identified below during the GIC's regular business hours.
2. _____ I would like a **copy** of the records identified below.
 _____ Copy to be mailed to the address given above.
 _____ Copy to be picked up at the GIC's office.
3. Identify the items from the records you wish to review.

Requester's Signature: _____ Date: _____

THE FOLLOWING INFORMATION IS NEEDED IF THE REQUESTER IS A PERSONAL REPRESENTATIVE

Print Name

Type of authority (e.g., court-appointed, custodial parent, attorney) _____

GIC Office Use Only: Date Request Received by the GIC _____

___ Request Denied ___ Approved as Requested

Requester Informed via Response Form: Yes ___ Date : _____

ATTACH COPY OF RESPONSE FORM AND FILE IN ENROLLEE'S FILE IN CENTRAL FILES; LOG off TSI Correspondence System

**Group Insurance Commission Response to
Request To Inspect or Receive A Copy of Protected Health Information**

To: _____

Grant

_____ Your request to inspect your protected health information has been granted. Access will be provided at [state the manner in which access will be provided].

_____ A copy of your protected health information in the GIC's Designated Record Set is enclosed. There is a copying/compiling fee of \$____ for the records. Please send a check or money order in that amount, payable to the Commonwealth of Massachusetts, to GIC, PO Box 8747, Boston, MA 02114

Need for Extension of Time

_____ The GIC received your request to access health information on _____ . The GIC has evaluated your request to access health information. A delay in providing the information is necessary for the following reason:

The GIC will respond to your request by _____ [no later than 60 days from the date of the request].

Denial

_____ Your request is denied for the following reason:

You may file a complaint regarding this decision with the Group Insurance Commission or the U.S. Department of Health and Human Services. If you file a complaint with the GIC, please file it in writing to Privacy Officer, GIC, P.O. Box 8747, Boston, MA 02114-8747.