



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 GIC RESPONSE FORM AND FILE IN
MEMBER'S RECORD**