



ACCESS REQUEST FORM

Use this form to request that GEHA provide you with a copy of protected health information ("PHI") maintained within a designated record set by or on behalf of GEHA.

About you, the GEHA member whose PHI is requested		
Plan ID Number: _		
Member Name:		Date of Birth:
Address:		
Telephone Number	:	
Please place a check mark in front of each plan you want this Access request to be applied:		
GEHA Heal	th Plan	GEHA Connection Dental Federal Plan
Connection Dental <i>Plus</i> Plan		
PHI To Be Released		
Description of PHI Desired		
		_
Dates of Service from	om: to	
Format:	Paper copy Summary of Requested Information (a fee may be charged)	Electronic copy Inspection at GEHA (an appointment will be scheduled)
PHI to be released to: Self Other (Please fill in contact information below)		
Mail to Name:		
Mail to Address:		
Email (if Electronic Copy Requested):		
 I understand that my request will be processed within 30 days. GEHA may take up to 30 additional days to fulfill the request, but will inform me within 30 days of receipt of the request of the need for an extension. I understand that, under HIPAA, I have the right to inspect and/or obtain a copy of my PHI maintained in a designated record set, unless otherwise prohibited by law. I understand that this request may be denied in whole or in part. If so, except as otherwise permitted under applicable law, I have the right to request a review of this decision and understand that GEHA will communicate these rights in the case it denies my request. 		
Date:		
Individual or Legal Representative Signature:		
Relationship to individual: (i.e. parent, legal guardian, power of attorney, etc.)		
(i.e. parent, legal guardian, power of attorney, etc.)		

NOTE: If the signature is not that of the patient or the parent when the child is a minor, appropriate legal documentation

is required to accept the signature.

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN THE ORIGINAL SIGNED FORM TO:

ATTN: Access Request

GEHA P.O. Box 21542 Eagan, MN 55121 FAX: 816-257-3283