

Duke University Health Plan Participant Request for Access to PHI

Please complete the following written Request for Access to PHI form and mail it to: Benefits Administration and Communication Manager, Duke University Benefits Office, 2024 W. Main St., Durham, NC 27705 or fax it to: (919) 681-8774.

I, _____ (name), _____ (Identification number and/or social security number), hereby request a copy of my health information from the Health Plan for the following dates: _____. I request the health information contained in the following records (please check one or more):

- enrollment
- premium/contribution payment
- case or medical management record systems
- claims adjudication relating to the following service or claim: (specify date of service and/or medical condition)

- records used, in whole or in part, by the Health Plan to make decisions about my enrollment, payment, case or medical management, or claim
- all of the above
- other (please specify) _____

I understand that I may access my health information through any of the following methods (please check the desired method):

- I prefer to inspect and/or copy the requested information in person and will arrange for a mutually convenient time to come to the Health Plan by calling (919) 684-5600. I understand I will be charged a per page copying fee of \$.25.
- I prefer to have the requested information copied and mailed to me at the following address:
_____. I understand I will be charged a copying and postage fee of \$.25 per page.
- I prefer to receive a written summary of the requested information, instead of the complete records, for the fee of \$1.25 per page.

_____/_____/_____
Signature of Requester Date

Signature of Requester

Date

If signed by personal representative:

Name of personal representative: _____

Relationship to participant or nature of authority: _____

_____/_____/_____
Signature of Personal Representative Date

Signature of Personal Representative

Date

