

Request to Access Protected Health Information (PHI)

Please print all responses and be sure the form is complete. Incomplete forms will be returned and result in delay. We may impose costs/charges for supplies, labor, copying and postage.

1. Individual whose protected health information (PHI) you want to access, inspect or copy

Last name	First name	Middle initial
<hr/>		
HRI ID #	Birth date (MM/DD/YYYY)	Daytime phone (include area code)
<hr/>		
Mailing address		
<hr/>		

2. Requested method:

- I want to inspect the information. I want a copy of the information.
- I want a copy of the information to be emailed to me at the following email address: _____.
- * Note: Email will be sent securely from Humana Inc.
- I want a copy of the information to be mailed to me at the above address.
- I want a copy of the information to be mailed to me at the following address: _____.
- I wish to have a summary of information (instead of receiving the entire record).
- Other: _____.

3. IMPORTANT INFORMATION

- Our organization provides services on behalf of the Employee Assistance Program (EAP) offered by your employer. This access request only applies to PHI in the designated record set which is maintained by us on behalf of the EAP. If you need access to other PHI, you must contact your employer.
- Our organization will respond to this request within required federal or state timeframes. If an extension is required for any reason, you will be notified.
- If this request is granted in whole or in part, we will notify you of the acceptance and either arrange with you a convenient time and place to inspect or copy the information. You may also choose to receive the copies as requested either through secure email or via regular mail.
- If your request is denied in whole or in part, we will provide you with a written notice of denial. In certain cases, you may request that this denial be reviewed.
- You may not access certain health information, including information that is not held in the designated record set, psychotherapy notes, and information compiled in reasonable anticipation of or for use in a legal proceeding. If your records include psychotherapy notes, they will be redacted before you are given access to the information.
- Our organization conducts Independent Medical Exams (IME) for Fitness for Duty Evaluations for your employer. You do not have the right to access health information that we maintain related to your IME because this information is not created or maintained on behalf of the EAP. You may have a right to this information if you contact the health care provider that conducted the IME directly.
- This form must be completed fully, notarized and the original must be mailed to: Harris, Rothenberg International, Inc, dba Humana EAP and Work Life Services, 100 William St., 10th Floor, New York, NY 10038

4. Signature of the Individual named in Part 1 (or Legal Representative)

SIGNATURE	DATE
<hr/>	
PRINT NAME	
<hr/>	

If you are the Legal Representative of the individual named in Part 1, indicate your authority.

- Natural or Adoptive Parent of Unemancipated Minor Child Other Legal Representative

If you are not a parent of an unemancipated minor child, attach a copy of the health care power of attorney or other document showing authority.

Notary: _____

Harris, Rothenberg International Inc, dba Humana EAP and Work Life Services
100 William Street, 10th Floor, New York, NY 10038
(212) 422-8847 / email: privacy@hriworld.com
9.14