



Return To: Privacy Officer  
 1055 West 7<sup>th</sup> Street, 10<sup>th</sup> Floor  
 Los Angeles, CA 90017  
 (888) 452-2273  
[privacyofficer@lacare.org](mailto:privacyofficer@lacare.org)

## REQUEST TO INSPECT, COPY, AND RELEASE PROTECTED HEALTH INFORMATION FORM

This notice describes how you can review, inspect, copy, and release the health information we have about you. Please review it carefully and complete all pages. Return to the address at the top of the form.

PART A: MEMBER INFORMATION		
Member Name:		
Member Address:		
City:	State:	Zip Code:
Date of Birth:	Member ID#:	Phone:

PART B: TYPE OF INFORMATION	
<input type="checkbox"/> Care Management Records	Date(s)
<input type="checkbox"/> Claims Records	Date(s)
<input type="checkbox"/> Enrollment Form	Date(s)
<input type="checkbox"/> Medical Authorization Requests	Date(s)
<input type="checkbox"/> Notice of Action	Date(s)
<input type="checkbox"/> Pharmacy Claims Records	Date(s)
<input type="checkbox"/> Pharmacy Prior Authorization Requests	Date(s)
<input type="checkbox"/> State Hearing Statements	Date(s)
<input type="checkbox"/> Other (please specify):	Date(s)
<input type="checkbox"/> Summary of the above information	Date(s)

PART C: FORM/FORMAT
<input type="checkbox"/> Paper
<input type="checkbox"/> Electronic file
<input type="checkbox"/> Other (please specify):
<p>If L.A. Care cannot readily produce the information in the form or format you requested, the information will be given to you in a readable hard copy form or other form/format that you have agreed to.</p>



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#### PART D: DELIVERY METHOD

- Inspect at L.A. Care offices
- Pick-up at L.A. Care offices
- Mail to member address on file
- Mail to different address and/or person (please specify):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

#### PART E: PURPOSE

I understand that L.A. Care may charge me for copies of my Protected Health Information. I understand that you will call me to tell me the charge for copies.

If I asked for a summary, I understand that you may charge me for preparing the summary. The charge may include the estimated time and cost for preparing the summary. You may also charge for postage if I asked to have the summary mailed. I understand that you will call me to tell me the charge for the summary.

#### PART F: SIGNATURE

Today's Date

Signature of member or personal representative:

If representative, give relationship:

#### L.A. CARE USE ONLY

Date Received/Filled Out:

If Completed by L.A. Care Staff (staff may not complete form if records will be sent to another person):

Staff Member Name: \_\_\_\_\_

Staff Member Extension: \_\_\_\_\_

Date Information Released:

Staff Name: \_\_\_\_\_