

Part I - Request for Access to Inspect and Copy Personal Health Plan Information

Form Received
By _____

Date _____

Check One:

- Allied Pilots Association Voluntary Supplemental Medical & Custodial Care Benefit Plan (the "Plan")
- Allied Pilots Association Catastrophic Major Medical Benefit Plan (the "Plan")
- Allied Pilots Association Employee Health Benefit Plan (the "Plan")

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "Designated Record Set" maintained by the Plan. This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

The Plan may provide you with a summary or explanation of the information in your health plan records instead of access to or copies of your records, if you agree in advance and pay any applicable fees. The Plan may also charge reasonable fees for copies or postage.

1. Member or Employee Name:	1a. Member or Employee Number:
1b. Date of Birth:	1c. Your Name:
2. Name of Person Whose Records You Are Requesting:	2a. Relationship to Member or Employee: Employee Spouse Child Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Mailing Address:	4. Your Relationship to Person in Box 2: Self Spouse Parent Child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (please describe relationship):

Section A: Requested Personal Records.

Please identify the personal health plan information in your health plan records you are requesting access to, including the time period to which the information relates:

Section B: Methods of Access.

I wish to inspect and copy the personal health plan information described in Section A using the following method(s):

- I wish to inspect the records requested in Section A in person. I will arrange a mutually agreeable time to come to the Plan by contacting APA HIPAA Privacy Official.
- I wish to copy the records requested in Section A in person. I will arrange a mutually agreeable time to come to the Plan by contacting APA HIPAA Privacy Official.
- I wish to have copies of the records requested in Section A sent directly to me, at the address in Box 3.
- I wish to have the information requested in Section A summarized (instead of receiving the entire record) and sent to me at the address in Box 3.

Please return completed form to: HIPAA Privacy Official
 Allied Pilots Association
 14600 Trinity Blvd., Suite 500
 Fort Worth, TX 76155
 Fax 817-302-2146

Signature

Date

Part II - Determination of Request for Access to Inspect and Copy Personal Health Plan Records

Form Part II Prepared
By

Date

After reviewing your request for access to inspect and/or copy personal health plan records, Privacy Official has made the following determination:

- Request granted** (see Section A below).
- Request partially granted and partially denied** (see Section A and B or C below).
- Request denied with no right to review** (see Section B below).
- Request denied with right to review** (see Section C below).

Section A: Request Granted

Your request for access to inspect and/or copy personal health plan records is granted **[in full / in part]**. **[All / Some]** of the health information you requested is available to you for inspection or copying, or both. If you requested to review the records in person, please contact the HIPAA Privacy Official at 800-323-1470 x 2145 to coordinate this request. If you requested that the records or a summary be sent to you, a copy is attached.

Section B: Request Denied with No Right to Review

Your request for access to inspect and copy personal health plan records is denied **[in full / in part]** for the following reasons

- The information requested is psychotherapy notes.
- The information is for civil, criminal, or administrative proceedings.
- The information is created for research and you agreed to forgo access while the research is in progress.
- The information was obtained from someone other than a health care provider under a promise of confidentiality and access would reveal the source.
- The information requested is not maintained by the Plan. Privacy Official does not know who maintains the specific information requested.
- The information requested is not maintained by the Plan. The information is maintained by _____. Please contact them for access to the information.

Section C: Request Denied with Right to Review

Your request for access to inspect and/or copy personal health plan records has been denied **[in full / in part]** because a licensed health care professional has determined that the access is reasonably likely to endanger an individual. You have a right to ask the Plan to have the denial reviewed by another licensed health care professional.

If you wish to ask the Plan to review this denial, please send a written request to, HIPAA Privacy Official at Allied Pilots Association, 14600 Trinity Blvd., Suite 500, Fort Worth, TX 76155 or by fax to 817-302-2146. For more information, please contact the HIPAA Privacy Official at 817-323-1470x 2145.

If you have been denied access to inspect and copy PHI, you may complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services according to the procedures at <http://www.hhs.gov/ocr/hipaa2.html> For more information, please contact the HIPAA Privacy Official at 800-323-1470 x 2145.

Name of Plan Representative

Signature of Plan Representative

Date of Determination