

REQUEST TO ACCESS OWN PHI

You have a right to request access to inspect and to receive copies of your protected health information (“PHI”) in a “designated record set” held by NWHSU. Please see NWHSU’s Notice of Privacy Practices or the Privacy Officer, 952-888-4777, for more information.

Please submit this form to: **Northwestern Health Sciences University**
Deborah Hogenson, Privacy Officer
Attn. Human Resources
2501 W. 84th St.
Bloomington, MN 55431

Your name: _____

Address: _____

Daytime phone number: _____

Please select one :

___ I participate in or am covered under the following Health Plan:

___ Medical

___ Dental

___ Section 125 Medical Reimbursement

___ I am the personal representative of an individual participating in or covered under the following Health Plan (*please attach completed Designation of Personal Representative form*).

___ Medical

___ Dental

___ Section 125 Medical Reimbursement

Access is requested to the following information:

Please provide me with the above information dated between _____ and _____.

I prefer to review the information in the following manner (please select one):

___ Mailed copy

___ View at NWHSU’s Human Resources Office

___ Electronic copy (if available)

___ Other (describe on a separate sheet)

___ I agree to accept a summary of the above requested information and to pay a reasonable charge for the costs incurred by the Health Plan in preparing the summary.

Please Read Carefully and Sign

I understand that the Health Plan will provide the requested inspection or copies if required to do so under applicable law. I also understand that I may be charged for copying and postage in accordance with the Health Plan's Notice of Privacy Practices.

Signature

Date

Please note: Applicable law requires us to respond to you within 30 days after receiving your request, unless the information requested is not maintained at our primary business address, in which case we will respond within 60 days. We are entitled, in certain circumstances, to an additional 30 days in which to respond. We will send you written notice if we determine we will need the additional 30 days.

For office use only:

Received by: _____ Date: _____