REQUEST TO ACCESS PROTECTED HEALTH INFORMATION

- This form authorizes VSP Global® (VSP®) to process your request for a copy of your records as contained in the VSP designated record set.
- Due to record retention schedule requirements, all records may not be available.
- Requests for records are generally completed within 30 calendar days; however, an extension may be requested.
- Records will be sent via U.S. Postal Service.
- You should make a copy of your signed request for your records before sending it to VSP.

Section 1 — Member Requesting Access to Protected Health Information			
First Name:	Middle Name/Initial:	Last Name:	
Address or PO Box:	City:	State:	Zip:
Member ID Number:	Social Security Number*:	Date of Birth (MM/DD/YYYY):	
Email (if Available):	Cell Phone Number:	Daytime Phone Number:	

*Member ID number OR Social Security number required.

Section 2 — Types of Records Requested
❑ Claims
❑ Complaints/appeals you have filed
❑ Authorization for Use and Disclosure forms you have submitted

Section 3 — I am requesting records for the following dates of coverage/service:	
From Date (mm/dd/yyyy):	From Date (mm/dd/yyyy):

Section 4 — (Optional) Please send my records to the person designated below:			
Name of Organization (if applicable):			
Name:	Phone Number:	Email Address:	
Address:	City:	State:	Zip:
Relationship to Member:			

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Section 5 – Signature

I declare under penalty of perjury the information on this form or attached is true and correct.
Any attempt to falsely gain access is subject to legal penalties.

_____ _____

Signature of Member or Personal Representative* Date (mm/dd/yyyy)

_____

Print Name of Personal Representative

*If this request is signed by a personal representative on behalf of the beneficiary, check the box that describes the relationship to the member, and attach documentation of authority (for example, power of attorney or guardianship).

❑ Legal Guardian ❑ Power of Attorney ❑ Executor ❑ Other

VSP USE ONLY

Status	Date Records/Notification Sent
❑ Requested records released	
❑ Missing signature ❑ Missing dates of coverage/service ❑ No records found ❑ No supporting documents ❑ Member not found ❑ Other: _____	

Return completed form and any related documentation to VSP, Attn: Regulatory Compliance, 3333 Quality Drive MS-163 Rancho Cordova, CA 95670 or HIPAA@vsp.com