



Request to Access Protected Health Information

Please note that our agency maintains records of Medicaid payments made to health care providers for a period of seven years. The agency does not maintain actual copies of medical records such as doctor's notes, x-rays or blood test results. To obtain copies of actual medical records you will need to request them from the health care provider(s).

Information Identifying the Individual Whose Records Are Being Requested

Name of Individual: _____ SSN: _____

Disclosure of your Social Security Number is not mandatory. The Agency for Health Care Administration may request your Social Security Number pursuant to Section 119.071, Florida Statutes. If provided, the Agency will use your information for purposes of finding the requested information.

Medicaid ID or Gold Card number: _____

Phone Number: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Information Identifying the Specific Records Requested (check the correct box for the records requested)

Paid Claims

Denied Claims

All Claims (Paid and Denied)

Other: _____

Provide the *specific* dates of service requested. From: _____ To: _____

___ I Do ___ I Do Not include specific authorization to include documents related to sensitive health conditions including: drug, alcohol or substance abuse, psychological or psychiatric treatment, sickle cell anemia, birth control or family planning, genetic diseases or tests, tuberculosis, HIV/AIDS or sexually transmitted diseases.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Signature: _____ Date: _____

Printed Name: _____

Legal Authority if Other Than Individual: _____

If you are a legal representative of the person whose information you are requesting, you must provide documentation proving your legal authority to request this information (for example, power of attorney, guardianship papers, health care surrogate form, Order Appointing Personal Representative, Letters of Administration).



Request to Access Protected Health Information

Your Right To Access Your Protected Health Information

You have a right to inspect or get a copy of the protected health information about you that is maintained by the Agency for Health Care Administration (“the Agency”) within 30 days of the Agency’s receipt of your request. You may submit your request directly to the Privacy Officer at the address given at the bottom of this page.

If the information is not easily accessible, you have the right to look at or get a copy of your information within 60 days from the date of the Agency’s receipt of your request. If there are additional delays in getting you the information, you will be told the reason for the delay and the date when you will receive your information.

You have the right to receive the information in the form and format that you request. If the Agency cannot produce it in that form or format, it will give you the information in a readable hard copy form or another form or format that you and the Agency agree to. If you agree, the Agency may provide you with a summary of the information or explanation of the information.

The Agency will arrange a convenient time for you to see your information or get a copy at the Agency headquarters in Tallahassee, Florida. The Agency may also mail, e-mail or fax the information to you. You may be charged a fee to cover the expense of producing, copying and mailing the information. Current fees are 15 cents per single-sided page, 20 cents for double-sided pages, postage, and a production fee if the request requires extensive use of information technology resources or extensive clerical or supervisory assistance by Agency personnel. You will be notified of the amount of the expense in advance.

The Agency cannot give you access to psychotherapy notes, certain information being used in a legal proceeding, and certain laboratory test results. Records are maintained for specified periods of time according to law. If your request covers information beyond the time the Agency is required to keep the record, the information may no longer be available.

The Agency may deny you access to your information for certain reasons including if someone other than a health care provider gave the information to the Agency under the promise or condition of confidentiality. Your request may be denied if the Agency determines that access to your information could be harmful to you or others. You have the right to request that a denial for this reason be reviewed.

If the Agency denies you access to all or part of your health information, the Agency will send you the reason for the denial, inform you if you have a right to have the denial reviewed, and how to request a review.

If you have any questions about accessing your protected health information, call or write to:

Privacy Officer
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #4
Tallahassee, Florida 32308
Phone: 850-412-3960 FAX: 850-414-6837
HIPAAComplianceOffice@AHCA.MyFlorida.com

If you need verification of your current or past Medicaid eligibility status, please call Medicaid at 877-254-1055.

If you are no longer eligible for Medicaid and would like to reapply for Medicaid benefits or other public assistance such as food stamps or WIC, please call the Department of Children and Families at 866-762-2237.