



Request to Access Protected Health Information

<p>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).</p>					
<p>Please provide the following information about the person whose Medicaid records are being requested.</p>					
Name		Social Security Number			
<p>Disclosure of your Social Security Number is not mandatory for purposes of completing this form. However, the Agency for Health Care Administration may request your Social Security Number pursuant to Section 119.071, Florida Statutes. Should you choose to provide your Social Security Number as requested, the Agency shall use your information for purposes of finding the requested information.</p>					
Phone		Date of Birth			
Medicaid ID Number or Gold Card Number					
Street Address					
City		State		Zip Code	
<p>Describe the <i>specific</i> information you are requesting and the time period that the information covers. (For example, "A report showing the health care services Medicaid has paid for.")</p>					
Date Range (For example: From May 2008 To October 2008)		From		To	
<p>Please check "Inspect" only if you want to inspect the information in person. Otherwise, we will send the information to you.</p>				Inspect <input type="checkbox"/>	
Signature		Date			
<p>If the information you are requesting is not about you or your minor child, please complete the section below. 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, an authorization, power of attorney, guardianship papers, health care surrogate form, Order Appointing Personal Representative, Letters of Administration).</p>					
Legal Representative (Signature)					
Legal Representative (Print Name)					
Relationship of Legal Representative				Date	

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 or to your Medicaid Area Office which will forward it to the Privacy Officer.

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 of either your Medicaid Area Office or 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:

HIPAA Privacy Officer
Agency for Health Care Administration
2727 Mahan Dr., Mail Stop #5
Tallahassee, FL 32308
850-488-3849

If you need verification of your current or past Medicaid eligibility status, please call your Medicaid Area Office and request a Certificate of Creditable Coverage.

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.