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## Optum Care Individual Right of Access Request Form

Optum Care Delivery Organizations (Optum CDOs) will provide Patients or their Personal representatives the right to access, inspect, and obtain a copy of Protected Health Information (PHI) about the Patient in a Designated Record Set (“DRS”) in accordance with HIPAA Privacy Rule requirements, for as long as Optum CDOs maintains the PHI in the DRS. This request does not allow your designated person to make any of your treatment decisions or direct care decisions. Optum requires written Access Request. Use this form to submit a request to release **verbal or written** PHI, to your designated person, named in **Section 6** below. When filling out this form, provide your most current information. Failure to fill out this form completely may cause delay in acting on your request

<p style="text-align: center;"><b>Section 1:</b></p> <p><b>Requestor information &amp; contacts:</b> Who is requesting information?</p>	<b>I am submitting this request for:</b>				
	Myself ( <i>the patient/patient representative</i> )		Minor child		
	Someone else ( <i>Describe relationship</i> ):				
	<b>Preferred contact for questions:</b>				
	Cell phone		Email address:		
Other - Specify ( <i>e.g., patient portal</i> ):					
<p style="text-align: center;"><b>Section 2:</b></p> <p><b>Patient name &amp; contact information:</b> Whose information is being requested?</p>	<b>First Name:</b>		<b>Middle Initial:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>
	<b>Patient Address:</b>				
	<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>
<p style="text-align: center;"><b>Section 3:</b></p> <p><b>Legal representative:</b> If you are <b>NOT</b> the patient, what is your relationship to the patient?</p>	<b>First Name:</b>		<b>Last Name:</b>		<b>Telephone:</b>
	<b>Relationship to Patient (Required if requestor is not the patient):</b>				
	<input type="checkbox"/> Parent or legal guardian ( <i>describe relationship</i> ): _____ <input type="checkbox"/> *Someone else ( <i>describe relationship</i> ) _____				
	*Attach supporting documents showing authority to act on behalf of the patient (e.g., power of attorney, guardianship, etc.)				
<p style="text-align: center;"><b>Section 4:</b></p> <p><b>Information to be released:</b> What types of records would you like us to release?</p>	<b>I would like to request the following type(s) of information (Check all that apply):</b> <i>Some information, such as recordings of phone calls maintained for quality assurance purposes or PHI not used to make decisions about individuals, is not contained within the DRS and may not be provided.</i>				
	<input type="checkbox"/> Medical Records for Past ____ Years <b>OR</b> <input type="checkbox"/> Date(s) of Service: _____ to _____				
	<input type="checkbox"/> Entire Medical Record (including billing info, radiology studies, & records from prior providers)				
	<input type="checkbox"/> Medical History, Evaluation Records		<input type="checkbox"/> Laboratory Results	<input type="checkbox"/> Substance Abuse Records	
	<input type="checkbox"/> Consultation Documentation		<input type="checkbox"/> Cardiology Results	<input type="checkbox"/> Behavioral/Mental Health Records	
	<input type="checkbox"/> Prescription Data		<input type="checkbox"/> Radiology Reports	<input type="checkbox"/> Summary of Record	
<input type="checkbox"/> Immunizations		<input type="checkbox"/> Surgical Reports			
<input type="checkbox"/> Other (specify): _____					
<p style="text-align: center;"><b>Section 5:</b></p> <p><b>From whom?</b> Which Optum CDO Provider or Clinic should release your records?</p>	I am requesting the Optum CDO Provider or Clinic listed in this section to release my records to the person/entity listed in Section 6 below: <b>Provider or Clinic Name:</b> _____				

<p style="text-align: center;"><b>Section 6:</b></p> <p><b>Recipient: To whom &amp; where</b> should Optum CDO provider or clinic listed in section 5 send your records?</p>	<p><b>Release my records to (Select only one option):</b></p> <p><input type="checkbox"/> <b>Option 1:</b> Myself (the Patient/Patient representative) to the address listed above</p> <p><input type="checkbox"/> <b>Option 2:</b> Someone else:</p>		
	<b>Recipient First Name:</b>	<b>Recipient Last Name</b>	<b>Relationship:</b>
	<b>Address:</b>		
	<b>City:</b>	<b>State</b>	<b>Zip Code:</b>
<p style="text-align: center;"><b>Section 7:</b></p> <p><b>Format &amp; method of delivery:</b> In what form &amp; format should Optum CDO release your records?</p>	<p>Optum CDOs will provide records in the form &amp; format requested if it is readily producible; or, if not, in a readable hard copy or other format as agreed to by the patient and Optum CDO.</p> <p><b>How should Optum CDO provide access or send records to the person identified in section 6 above?</b> (Optum CDO will only give access or provide the information listed in section 4 above)</p> <p><input type="checkbox"/> <b>Option 1:</b> Paper copy sent via postal mail to the address in Section 6 above</p> <p><input type="checkbox"/> <b>Option 2:</b> PDF sent by secure email to this email address: _____</p> <p><input type="checkbox"/> <b>Option 3:</b> Onsite inspection. Provide date of onsite inspection: _____</p> <p><input type="checkbox"/> <b>Option 4:</b> Other readily producible electronic format (Please describe): _____</p>		
	<p>I authorize the release of the PHI as identified above. I understand that this request does not apply to certain health information, including: (1) information that is not generated or maintained by Optum CDO, (2) psychotherapy notes, (3) information compiled in reasonable anticipation of or for litigation, and (4) Other information not available for access under HIPAA.</p>		
	<p><b>Signature:</b> _____</p> <p style="text-align: center;"><b>Patient or legal representative's</b> <span style="float: right;"><b>Signature date</b></span></p>		
	<p><b>*Fees for copies of medical records: Optum CDO may charge a reasonable, cost-based fee. If Optum CDO charges a fee, the fee will only include the cost of labor for copying the requested records, supplies for creating paper copy or electronic media, postage, and preparation of an explanation or summary of PHI, if agreed to by the patient.</b></p>		
<p style="text-align: center;"><b>Section 9:</b></p> <p><b>Where to return completed form:</b></p>	<p><b>Return the completed form to:</b></p>		
	<p><b>Mailing Address:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Or</p> <p><b>Fax:</b> _____</p>	<p><b>Email:</b></p> <p>_____</p> <p>If you choose to return the completed form via un-encrypted email, please note <b>email is not a secure method of communication and carries some risk of being read by a third party.</b></p> <p><b>Or Electronic</b></p> <p>Via the secure Optum CDO's on-line submission form(if applicable):</p> <p>_____</p>	

**Office use only:** Date received: \_\_\_\_\_ Received by (Print Name/Initial): \_\_\_\_\_

Site ID/Ticket: \_\_\_\_\_ Date completed: \_\_\_\_\_  Faxed  Mailed  Emailed  Picked up

Other (e.g., Patient portal) \_\_\_\_\_

