

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

REQUEST TO INSPECT AND COPY HEALTH INFORMATION

You have the right to inspect and copy your protected health information, which is kept in a designated record set. This may include enrollment, payment and claims adjudication information, but does not include: (1) psychotherapy notes; (2) information compiled in anticipation of or for use in legal actions or proceedings; or (3) protected health information that is maintained by the Health Service System to which access is prohibited by law.

To inspect and copy your protected health information, you must make your request in writing by filling out this form and submitting it to Marina Coleridge, Privacy Officer, City & County of San Francisco, Health Service System, 1145 Market Street, 3rd Floor San Francisco, CA 94103. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or preparing the requested documents.

We may deny your request to inspect and copy without an opportunity for appeal in certain very limited circumstances: (1) the protected health information you are requesting to inspect is specifically prohibited by law; or (2) the information you are requesting was confidentially obtained from a source other than a health care provider and if you were granted access you could find out the identity of the source.

If the information you are requesting is held by one of the Health Service System's contracted health plans, we will forward this request to that service provider for handling.

If you are denied access to your protected health information for reasons other than those listed above, you may request that the denial be reviewed. The Health Service System Privacy Officer will review your request, as well as the basis for the denial. The person conducting the review will not be the person who denied your request the first time. The outcome of the review will be the final decision.

I request to inspect and copy the following records pertaining to my protected health information. (Please be very specific):

PRINT NAME

SOCIAL SECURITY NUMBER

BIRTH DATE

SIGNATURE

DATE

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For further information, please contact or consult:
Marina Coleridge, Privacy Officer
City & County of San Francisco
Health Service System
1145 Market Street, 3rd Floor
San Francisco, CA 94103

See our Notice of Privacy Practices available online at myhss.org. A printed copy is also available upon request from the Health Service System.

For HSS Only:

Date received: _____ Accepted Denied Forwarded to TPA

If denied, check reason for denial:

Excepted Information Confidentiality Issues

Other _____

Date and method of informing individual of original decision:

If denied, was review requested? Yes No

Name of reviewer: _____

Decision on review: _____

Date and method of informing individual of review decision:

Comments:

Staff Member Signature

Date