INDIVIDUAL REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION (PHI) CONTAINED IN THE DESIGNATED RECORD SET (DRS)

You have the right to inspect your Protected Health Information (PHI) in the Designated Record Set (DRS). You also have the right to request copies of those records. You will receive a response to your request within 30 days after we receive the completed form. If the information is not readily available, CalOptima Health has up to 60 days to provide you with your PHI. CalOptima Health may charge a fee of $0.10 per page and any postage fees if you ask for copies of the records to be mailed to you.

To Request a Copy of Your PHI in a DRS:

1. Fill out the entire form and print clearly. **In order to process your request, a photocopy of your valid photo identification (ID) must be included with your request form.**
2. If you would like to appoint another person to access or receive your PHI, you must also complete the CalOptima Health Authorization for Release of Protected Health Information form. Requests by your personal representative are subject to verification.
3. Please select the type of records you need from the list provided. If you are not sure what you need, please call CalOptima Health Customer Service toll-free at **1-888-587-8088** (TTY **711**) for help.
4. If you were a part of a health network during any part of the date range requested, you should also contact that health network to request your medical records. **CalOptima Health does not have complete copies of your medical records. If you want to look at or get a copy of your medical records, please contact your doctor or clinic.**
5. If you have any questions about your request, please call CalOptima Health Customer Service toll-free at **1-888-587-8088** (TTY **711**), Monday through Friday from 8 a.m. to 5:30 p.m. We have staff who speak your language.
6. Your records may be picked up at CalOptima Health's office, sent by email or sent certified U.S. postal mail. Requests for records to be faxed must be approved by CalOptima Health. Records sent by email will be sent secure (encrypted) to the email address provided. However, CalOptima Health is not responsible for the loss of PHI on personal email accounts.

CalOptima Health

Member Name: _____ Date of Birth: _____
(mm/dd/yyyy)

Phone: _____ CalOptima Health CIN:_____

The types of records listed below are part of the DRS maintained by CalOptima Health. Please select the types of records you wish to view or receive as well as the date range.

Authorizations

- ☐ Medical Authorization Request(s)
- ☐ Pharmacy Prior Authorization(s) (PA)
- ☐ Notice of Action(s)

Behavioral Health Record(s)

- ☐ Behavioral Health Authorization(s)/Denials
- ☐ Care Management Notes

Case Management

- ☐ Case Management Note(s)
- ☐ Case Management Care Plan(s)
- ☐ Case Management Assessment(s)

Claims/Billing

- ☐ Medical Claims Record(s)
- ☐ Pharmacy Claims Record(s)

Customer Service

- ☐ Member Call Logs

Eligibility

- ☐ Eligibility Record(s)
- ☐ Auto Assignment and Health Network Changes
- ☐ Enrollment Form(s) (Does not apply to Medi-Cal members)

Grievances and Appeals (GARS)

- ☐ Grievance Case File Record(s)
- ☐ Appeal Case File Record(s)

Health Education and Disease Management

- ☐ Care Plan(s)
- ☐ Assessment(s)
- ☐ Health Ed. and Disease Mgmt. Notes

Long-Term Services and Supports (LTSS)

- ☐ Assessment(s)
- ☐ Authorization(s)
- ☐ Case Management Notes

Multipurpose Senior Services Program (MSSP)

- ☐ Assessment(s)
- ☐ Care Plan(s)
- ☐ Referral Form(s)
- ☐ Progress Notes
- ☐ Application Form

State Hearing(s)

- ☐ State Hearing Record(s)

I am requesting copies of records for the following dates of service:

_____ to _____
(mm/dd/yyyy) *(mm/dd/yyyy)*

Requests submitted without a date range will be considered incomplete.

Delivery method requested (select one):

☐ "Personal" pickup at CalOptima Health (identification required at the time of pickup)

_____

☐ Mail

☐ Fax (Upon approval): _____ ☐ Email: _____

Identifying information is required (select one):

☐ Copy of ID attached (e.g., valid driver's license, birth certificate, benefits ID card)

☐ If no ID is attached, your signature must be notarized.

Notarized By: _____

Notary Public Number: _____

Date: _____

Unofficial Unless Stamped by Notary Public

Signature Block:

I understand that to process my request, a copy of valid, government-issued identification (ID), a copy of documentation of legal authority, or a notarized signature must be included with my request form.

By signing below, I state that I have read this form and know what it means.

_____ _____

Signature of Member/Personal Representative *Date*

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Relationship: _____

CalOptima Health reserves the right to request legal documentation (e.g., birth certificate, court order, etc.) from the parent/guardian signing on behalf of a dependent member.

Personal Representatives — Please attach legal documentation to verify that you are the conservator, executor of a decedent's will, or have medical decision-making authority for the individual.

Submit the completed and signed request form and copy of ID to CalOptima Health, either in person, by mail or by fax.

Attn: Office of Compliance (Privacy)
CalOptima Health
505 City Parkway West
Orange, CA 92868
Fax: 1-714-481-6457