

Individual Request for Access to Protected Health Information (PHI) Contained in the Designated Record Set (DRS)

CalOptima members, past and current, can request copies of their individual Protected Health Information (PHI). As required by the Health Insurance Portability and Accountability Act (HIPAA), members have the right of access to inspect and obtain a copy of their PHI contained in a **designated record set (DRS)**. This right does not apply to information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action hearing. Additional records may be excluded as well, including, but not limited to, customer service notes, records related to health care operations, etc.

CalOptima will act upon this request within 30 calendar days from the date CalOptima receive a completes request. However, if the information is not readily available, CalOptima may have up to 60 calendar days from the date CalOptima receives it to act upon this request. CalOptima will either inform you of the acceptance of the request and provide you with the requested information, in whole or in part, or provide a written denial explaining the reasons for the denial, in whole or in part, and whether you are entitled to have the denial reviewed. CalOptima may charge a fee of \$0.10 per page and any postage fees if you ask for the records to be mailed to you.

To Request a Copy of Your PHI in a DRS:

1. Please complete the entire form including your full legal name, your 8-digit CalOptima-issued CIN number, your date of birth and the best phone number to reach you. **Please be advised that in order to process your request, a valid photo identification (ID) with signature must be included with your request form.** Please print legibly.
2. If you would like to designate a personal representative to have access to your PHI, then you must also complete the CalOptima Authorization for Release of Protected Health Information form. Requests submitted by your personal representative are subject to adequate identification/verification.
3. Please select the categories of records you are requesting from the list provided or specify under "Other" the types of records you would like. If you are unsure of what you need, please contact CalOptima Customer Service at **1-888-587-8088** for assistance.
4. Please note that if you were assigned to a health network (e.g. Monarch, AltaMed, etc.) during any portion of the date range requested, you should also contact that health network. **CalOptima does not maintain or have access to medical records compiled by health networks, hospitals or physicians' offices (e.g. immunization records, x-ray films, lab results, etc.).**
5. If you have any questions or concerns regarding your request for access to your DRS, please contact CalOptima Customer Service toll-free at **1-888-587-8088**, Monday through Friday from 8 a.m. to 5:30 p.m. Members with hearing or speech impairments can call our TDD/TTY line at **1-714-246-8523** or toll-free at **1-800-735-2929**. We have staff who can speak your language.
6. Your DRS may be picked up at CalOptima's office or sent via electronic mail or certified postal mail. Requests for records to be faxed are subject to approval by CalOptima. Records sent via email will be sent secure (encrypted) to the email address provided to CalOptima; however, CalOptima shall not be held responsible for loss of PHI on personal email accounts.

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Member Name: _____ Date of Birth: _____
Please Print (Last, First, MI) (mm/dd/yyyy)

Phone: () _____ CalOptima CIN: _____

The types of records listed below are generally part of the DRS maintained by CalOptima. Please select the category(ies) of records you wish to inspect/copy:

- Medical Claims Record(s)
- Medical Authorization Request(s)
- Care Management Record(s)
- Pharmacy Claims Record(s)
- Pharmacy Prior Authorization(s) (PA)
- Notice(s) of Action
- State Hearing Statement(s)
- Eligibility Record(s)
- Enrollment Form(s) *(Does not apply to MediCal Members)*
- Other, please explain: _____

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

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

Please note, requests submitted without a date range will be considered incomplete.

Delivery method requested (select one):

- ✕ "Personal" pick-up at Cal Optima *(subject to adequate identification/verification at the time of pick-up)*
-

Mail: _____
Street/Unit City State Zip

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

Identifying information is required (select one):

- Copy of identification attached (e.g. valid driver's license, birth certificate, benefits ID card, etc.)
- If no identification is attached, your signature must be notarized.*

Notarized By: _____
 Notary Public Number: _____
 Date: _____

Unofficial Unless Stamped by Notary Public

I declare under penalty of perjury that the information on this form is true to the best of my knowledge.

Signature: _____ Date: _____
(Member/Personal Representative) (mm/dd/yyyy)

If signed by a person other than the member, indicate relationship: _____

Print Name: _____ (subject to adequate identification/verification)

Please submit the completed and signed request form to CalOptima either in person, by mail or by fax.

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