



Request To Inspect or Receive A Copy of Protected Health Information

I understand that:

- I have the right to inspect or receive a copy of my protected health information.
- There may be reasonable, cost-based fees for such access and I will be informed of the fee in advance.
- My request to access my records may be subject to some legal limitations and/or limitations established by a licensed dental professional to assure my health and safety and the safety of others.
- Delta Dental will respond to this request within 30 days unless I receive notification in writing that it will take longer to fulfill my request.

Member name: _____ Date of birth: _____

Subscriber number: (9-digit) _____

Address: _____ Telephone: _____

1. _____ I wish to visually inspect the records identified below during regular business hours at Delta Dental.
2. _____ I would like a copy of the records identified below.
 _____ Copy to be mailed to _____
 _____ Copy to be picked up at time and place designated by Delta Dental.
3. Identify the items from the records you wish to review.

Signature of member or legal representative

Date

For Delta Dental use only:

Licensed professional reviewer: _____ Date: _____

_____ Request denied _____ Approved as requested _____ Approved per comments

Comments: _____

Dental records signature: _____ Review date: _____

Approved: Yes _____ No _____

Client informed in writing: Yes _____ Contact date: _____

Direct correspondence to: Privacy Office, Delta Dental of Michigan, P.O. Box 30416, Lansing, MI 48909-7916.