american greetings

Request a Copy of Protected Health Information

Purpose: This form is used for an individual's request to inspect and/or obtain copies of their protected health information or records in our designated record sets or the designated record sets of our business associates.

SECTION A: To the individual - please read the following and complete the information requested

As provided by the Health Insurance Portability and Accountability Act, you have the right to inspect and obtain a copy of your protected health information contained in designated record sets we, or our business associates, maintain. This right does not apply to:

1) Psychotherapy notes
2) Any information we may have compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding,
3) Protected Health Information that is
   (a) Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. § 263a, to the extent the provision of access to you would be prohibited by law; or
   (b) Exempt from the Clinical Laboratory Improvements Amendments of 1988, 42 CFR 493.3(a)(2)

Each request made by an individual for such access may be subject to a charge no less than $25 to cover the cost of labor, copying, postage, and if requested, preparing a summary of the requested information.

To exercise your right of access, please complete Section B.

SECTION B: Individual requesting access

Individual's Name: _____
Address: _____
Telephone: _____ E-mail: _____
Social Security #: _____

Please indicate specifically the information to which you are requesting access:

_____
_____

Please indicate the means by which you wish to inspect or obtain a copy of the requested information (fax, mail, on-site, etc.) and provide the necessary phone numbers or address(es) if different than shown above:

☐ Mail ☐ Fax ☐ Electronic ☐ On-Site ☐ Other: _____

If an electronic or other format is preferred, please provide a brief description of the format to be used (e.g., word processing document, spreadsheet, specific file layout, etc.)

_____
_____

If American Greetings cannot readily produce the information in the form or format you have requested such information will be made available to you in a readable hard copy form or other form or format as agreed to by you.

SECTION C: Timeframes

American Greetings will act on this request within 30 days of the date listed above or, within 60 days if the requested information is not maintained or accessible to American Greetings on-site. Such action will either inform you of the acceptance of the request and provide you with the requested access; or provide a written denial explaining the reasons for the denial and whether you are entitled to have the denial reviewed.

If the requested information is contained in more than one designated record set or at more than one location, and access is granted, American Greetings needs only to provide you with access to information contained on one of the designated record sets.

SECTION D: Signatures

I, _____ , have had full opportunity to read and I understand that, by signing this form, I am requesting that American Greetings provide me and/or my personal representative with my protected health information as previously described. I further understand that in making this request, I may be subject to a charge no less than $25 to cover the cost of labor, copying, postage, and if requested, preparing a summary of the requested information.

Patient's Printed Name: _____ **Date:** _____

Patient's Signature: _____ **Date:** _____

If this request is signed by a personal representative on behalf of the individual, complete the following:

Patient's Representative Printed Name: _____ **Date:** _____

Patient's Representative Signature: _____ **Date:** _____

Relationship to Individual: _____

Please submit this form, along with your payment (if applicable) made payable to *American Greetings,* **to your local Human Resources Representative or:**

American Greetings
AG Benefits Department
One American Blvd.
Cleveland, OH 44145

YOU ARE ENTITLED TO A COPY OF THIS REQUEST.

For American Greetings use

Date this request was received: _____

REVISED 5/2021