

Under the Health Insurance Portability and Accountability Act (HIPAA), you have the right to view and get a copy of the health information in your designated record set. HIPAA defines a designated record set as a group of records that Santa Clara Family Health Plan (SCFHP) has on file about a member.

SCFHP member records may contain:

- Enrollment information
- Eligibility information
- Claims payments
- Medical records related to an authorization for treatment, referrals to specialist doctors or medical facilities
- Other information that helps SCFHP determine member's medical care and quality of the care.

Complete medical records are kept at the doctor's office. Contact your doctor's office if you want access to your medical records.

The right to get your records cannot be applied to the following:

- Psychotherapy (mental health care) notes
- Information needed for a civil, criminal, or administrative action or proceeding
- Protected health information that is:
  - a) Subject to the Clinical Laboratory Improvements Amendments of 1988 ("CLIA"), 42 USC 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 ("CLIA"), pursuant to 42 CFR 493.3(a)(2).

You can request your designated record set from SCFHP by completing the following form. SCFHP will respond with approval or denial of your request within 30 days of the date we receive your request.

If we decide that you are not allowed to see and/or copy any or all of your designated record set, we will tell you in writing. The written denial will tell you:

- The reasons why we are denying your request
- More information if you are entitled to have the denial reviewed

If we accept your request to see and/or photocopy your designated record set, we will:

- Tell you that we accept your request
- Tell you how you will be getting the information

Please list the records you are requesting from SCFHP. SCFHP might deny your request if the records you are requesting did not originate at SCFHP or if they are listed above as not being accessible.

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How do you want the information?

- You Will Pick-up the Paper Copy (Photocopy) at  
**Santa Clara Family Health Plan**  
**6201 San Ignacio Ave.**  
**San Jose, CA 95119**

When can you visit SCFHP to get the information

\_\_\_\_\_ Date and Time

Fax a Copy to \_\_\_\_\_

Email a Copy to \_\_\_\_\_

Mail a Copy to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If SCFHP cannot give you the information in the way you have requested, we will contact you to go over other ways we can get the information to you.

### Summary of Information in Your Records

In some cases, the law allows SCFHP to give you less information than you asked for. If we decide that we cannot give you all of the information you asked, we will tell you that we can only give you a summary of your information.

Do you agree to receive a summary of the requested information instead of access?

Yes  No

**Cost to Copy Your Records**

Santa Clara Family Health Plan may ask for a fee to cover the cost of labor, copying, postage, and preparing a summary of the requested information. You will be told the total amount of the fee after the cost is determined.

Do you agree to such fees imposed by Santa Clara Family Health Plan for providing a copy or summary of the requested information?  Yes  No

\_\_\_\_\_  
Member Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature

If you are signing on behalf of a SCFHP member, for example your child or incapacitated adult, please fill out the portion below.

\_\_\_\_\_  
Name of Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Member

If you have any questions, please call Customer Service at **1-800-260-2055** (TTY: **711**).

Please return the completed form by:

**U.S. Mail:**

Santa Clara Family Health Plan  
Attn: Customer Service  
PO Box 18880  
San Jose, CA 95158

**Fax:**

Santa Clara Family Health Plan  
Attn: Customer Service  
1-408-874-1965