



1717 W. Broadway • P.O. Box 8190 • Madison, WI • 53708-8190



THE EPIC LIFE INSURANCE COMPANY
A WPS Company

Request for Access to Protected Health Information

You have the right to request access to protected health information about you that is maintained by WPS. WPS will evaluate your request and will either grant it or explain the reason why the request will not be granted. WPS may charge you a reasonable cost-based fee for your request. Your right to access does not extend to information compiled in reasonable anticipation of litigation; psychotherapy notes; information not maintained by WPS; or other information not subject to the right of access under the HIPAA Privacy Rule.

I. MEMBER INFORMATION

Name: _____ Member Number: _____
Address: _____ Date of Birth: _____
_____ Telephone: _____

II. SCOPE OF ACCESS REQUESTED

I am requesting access, in accordance with the HIPAA Privacy Rule, to my protected health information from the date of _____ through the date of _____.

I am requesting access to the following protected health information about me held by WPS (check one or more):

- Protected health information used by WPS to make the following specific decision about me (please include provider name, claim number(s), type of service, etc.):

- Enrollment records Claims adjudication records
 Claim payment records Case or medical management records

III. TYPE OF ACCESS REQUESTED

- Inspection. I would like to inspect the above information at WPS during regular business hours. If my request is granted, please call me at the telephone number listed above to let me know when I may come to WPS to inspect the information.
- Copies. I would like copies of the requested information sent to the address listed above.

IV. SIGNATURE OF MEMBER OR REPRESENTATIVE

Signature of Member or Member's Personal Representative

Date

If **Personal Representative**, print your name and state the legal authority for your status as Member's representative