HEALTH PLAN^{*} (* Here for you

SAN FRANCISCO

SAN FRANCISCO HEALTH AUTHORITY RECORDS ACCESS REQUEST FORM

Federal law requires San Francisco Health Plan (SFHP) to protect the privacy of information that identifies you and relates to your past, present, and future physical and mental health and conditions ("protected health information").

You have the right to review and obtain a copy of your protected health information maintained by SFHP. Please note that SFHP does not retain medical records – if you would like medical records you should contact your health care provider(s) for your medical records.

This Record Access Request form is a one-time use for your record request. All additional requests for records must have a new Record Access Request form completed. Failure to provide *all* information requested may invalidate this authorization. You are entitled to a copy of this request.

* If you add a phone number, you agree to let SFHP staff call you about this request at the phone number you provide.

Member or Personal Representative Requesting Access:

Name:	
Address:	
	Date of Birth:
Member ID / Social Security Number:	
Please specify the records you wish to obtain copies of:	
Date Range of Requested Documents:	
Member Signature:	
	Date:
If this request is by a Personal Representative of the following:	on behalf of the individual, please complete
Personal Representative's Name:	
Relationship to Individual:	
Personal Representative's Signature:	

If you are hearing impaired, please call the TDD/TTY line at **1(415) 547-7830,** toll-free at **1(888) 883-7347** or through the California Relay Service at **711.** You may request this document in alternative formats like Braille, large size print, and audio. To request other formats, or for help with reading this document and other SFHP materials, please call Customer Service at **1(415) 547-7800** or toll-free at **1(800) 288-5555.**