San Francisco Health Plan℠

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: _____

Telephone*: _____ 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 on behalf of the individual, please complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

Personal Representative's Signature: _____

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**. If you are hearing impaired, please call **711** for TTY.