



**MEDICAL BENEFITS MUTUAL LIFE INSURANCE CO.  
MEDICAL BENEFITS ADMINISTRATORS, INC.  
MEDBEN MARKETING SERVICES, INC.  
VISIONPLUS OF AMERICA, INC.  
("MedBen")**

**REQUEST FORM – ACCESS TO INDIVIDUALLY IDENTIFIABLE  
AND PROTECTED HEALTH INFORMATION**

You have the right of access to copy or inspect certain information maintained by MedBen, including individually identifiable and protected health information. We are not always required to grant such access but each request will be carefully reviewed and approved if warranted. You will be notified when your request has been approved or denied and the reasons for any denial.

Covered Person's Name: \_\_\_\_\_

Address Where You Wish to Receive Notice of Decision:

Telephone Number Where You Can Be Reached: \_\_\_\_\_

Please provide as much detail as possible regarding the individually identifiable and/or protected health information you wish to access. Attached additional sheets if necessary.

You have the option to receive the requested information in summary form with an explanation of what the information says in lieu of, or in addition to, the requested information. MedBen charges \$20.00 per hour for preparation of this summary, with the smallest incremental billing component of fifteen minutes.

Yes, send me a summary/explanation instead of the complete information.  
(Note: MedBen will charge you for the completion of this summary.)

Yes, send me a summary/explanation in addition to the complete information. (Note: MedBen will charge you for the completion of this summary as well as a charge for copying and postage, as described below.)

No, send me the complete information only, as described below. I wish to:

Receive a copy by mail of the information listed above. MedBen will charge you its standard copying fee, if applicable, per page and postage which is payable in advance by cash or money order only. Payment may be made either in person or by mail to the address shown at the bottom of this form.

Come in and inspect the information listed above.

Come in and inspect the information listed above and pick up a copy at the same time. MedBen will charge you its standard copying fee, if applicable, per page which is payable in advance by cash or money order only. Payment may be made either in person or by mail to the address shown at the bottom of this form.

Send by e-mail to: \_\_\_\_\_ MedBen will charge you its standard copying fee, if applicable, per page which is payable in advance by cash or money order only. Payment may be made either in person or by mail to the address shown at the bottom of this form.

We are permitted by law to deny part or all of your request for access for one or more of the following reasons:

- Your access request form is not signed by you or your personal representative.
- Your access request form is signed by an individual stating to be your personal representative and the representative has not provided information on the source of his/her authority to act for you.
- We do not maintain the information you have requested to copy or inspect.
- The information you have requested is not part of your records maintained by MedBen.
- Your request is for psychotherapy notes.
- Your request includes information compiled for a civil, criminal or administrative proceeding.
- A licensed health professional has determined that the requested access is likely to either endanger you or another person's life or safety or cause substantial harm to you or another person.
- Your request is to copy information and you are an inmate in a correctional facility. (If you are an inmate, you retain the right to inspect the information at MedBen's Home Office.)
- Your request relates to certain information that was obtained from a confidential source and we are not required to provide access to it by law.

\_\_\_\_\_  
Print Name of Covered Person

\_\_\_\_\_  
Covered Person's Signature & Date Signed

If you are a **Covered Person's Personal Representative**, attach documentation and an explanation of your authority to act for the Covered Person and sign below.

\_\_\_\_\_  
Print Name of Covered Person's Personal Representative

\_\_\_\_\_  
Covered Person's Personal Representative's Signature & Date Signed

**No access request will be processed unless the Covered Person or the Covered Person's representative has signed this form.**

MedBen  
Chief Privacy Officer  
1975 Tamarack Road  
Newark, Ohio 43055  
(800) 423-3151  
(740) 522-8425