Request to Access Protected Health Information

- This form authorizes VSP Vision™ (VSP®) to process your request for a copy of your records as contained in the VSP designated record set.
- Due to record retention schedule requirements, all records may not be available.
- Requests for records are generally completed within 30 calendar days; however, an extension may be requested.
- Records will be sent via U.S. Postal Service or via encrypted email as requested.
- You should make a copy of your signed request form for your records before sending it to VSP.
- By signing and submitting this request form, you agree to receive a summary or explanation of your protected health information in lieu of records when VSP deems necessary.

Section 1 — Member Requesting Access to Protected Health Information			
First Name:	Middle Name/Initial:	Last Name:	
Address or PO Box:	City:	State:	ZIP:
Member ID Number:	Social Security Number*:	Date of Birth (MM/DD/YYYY):	
Email (if Available):	Cellphone Number:	Daytime Phone Number:	

*Member ID number OR Social Security number required.

Section 2 — Types of Records Requested

- ☐ Claims
- ☐ Complaints/appeals you have filed
- ☐ Authorization for Use and Disclosure forms you have submitted

Section 3 — I am requesting records for the following dates of coverage/service:	
From Date (mm/dd/yyyy):	From Date (mm/dd/yyyy):

Section 4 — (Optional) Please send my records to the person designated below:			
Name of Organization (if applicable):			
Name:	Phone Number:	Email Address:	
Address:	City:	State:	ZIP:
Relationship to Member:			

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Section 5 – Signature

I declare under penalty of perjury the information on this form or attached is true and correct. Any attempt to falsely gain access is subject to legal penalties.

Signature of Member or Personal Representative*

Date (mm/dd/yyyy)

Print Name of Personal Representative

*If this request is signed by a personal representative on behalf of the beneficiary, check the box that describes the relationship to the member, and attach documentation of authority (for example, power of attorney or guardianship).

❑ Legal Guardian ❑ Power of Attorney ❑ Executor ❑ Other

VSP USE ONLY

Status	Date Records/Notification Sent
❑ Requested records released	
❑ Missing signature ❑ Missing dates of coverage/service ❑ No records found ❑ No supporting documents ❑ Member not found ❑ Other: _____	

Return completed form and any related documentation to VSP, Attn: Privacy Requests, 3333 Quality Drive MS-163 Rancho Cordova, CA 95670 or **HIPAA@vsp.com**.