

Access Request Form



You have the right to copy or inspect certain protected health information (medical information) held by Mutual of Omaha. 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.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Home Telephone Number: () _____

Policy/Group Number: _____

Claim Number: _____

If this coverage is provided through an employer, provide the
Subscriber Number: _____

Please provide as much detail as possible regarding the protected health information you wish to review.

I wish to:

- Receive a copy by mail of the information listed above. I understand the information will be sent via certified mail, and any other service may be at my own expense.
- Come in and inspect the information listed above and pick up a copy at the same time.

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 your 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,
- Your request is for psychotherapy notes,
- Your request includes information compiled for litigation,
- Your request includes information created or obtained in the course of research still in progress that includes your treatment and you agreed to this denial of access when consenting to participate in the research,
- A licensed health professional has determined that the requested access is likely to either endanger your 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,
- Your request includes information not subject to access under the federal Privacy Act,
- 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: _____

Relationship: _____

Signature: _____

Date: _____

Note that no access request will be processed unless you or your authorized representative have signed this form.

If you are an authorized representative (other than a parent of a minor child), you will need to provide documentation or an explanation of your authority to act for the customer (e.g., Power of Attorney).

Please return completed form and any additional attachments to Mutual of Omaha at:

Mutual of Omaha
Attn: Privacy Office
Mutual of Omaha Plaza
Omaha, NE 68175-1029