



Individual Request to Inspect Health Information Maintained by US Able Life

PO Box 1650
Little Rock, AR 72203-1650

I request to review health information held about me in US Able Life's "Designated Record Set" in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A "Designated Record Set" includes information such as medical records, billing records, enrollment, payment, and claims adjudication documents used to make decisions about individuals.

The period of service for the records being requested is _____ to _____.

The records being requested were used by US Able Life to make what decision?

- Denied, amended, discontinued coverage
- General Information
- Denied Claim
- Other (please specify) _____

I understand that US Able Life has 30 days to respond to this request, and if someone else holds the information or it is off-site, the response time is 60 days. US Able Life may extend the response time up to an additional 30 days if needed, with written notice to me prior to the original response date.

I understand that I can inspect the requested information at the US Able Life Customer Service office, P.O. Box 1650, Little Rock, Arkansas 72203-1650. If I so request and the information can be provided via paper, it will be mailed to the address I specify on this request.

I agree to pay any fees for copying my health information. Fees will be reasonable and cost-based, and include only the cost of copying (.25/page) and postage (actual fees). Any fees will be communicated to me prior to the preparation of the request so that I might agree to and arrange payment of the fees.

If I request a prepared explanation of how to read the documents contained in the record set, I understand that a fee will be charged based on the time required to prepare the request and communicated to me prior to the preparation of the request so that I might agree to and arrange for payment of the fees.

I understand that this request does not apply to certain health information, including (1) information that is not held in the designated record set; (2) psychotherapy notes; (3) information compiled in reasonable anticipation of or for litigation or legal review; and (4) other information not subject to the right to access information under HIPAA.

Name: _____ Daytime Phone Number: (____) _____

Address _____
Street

City

State

Zip Code

Policy Number: _____ or Social Security Number: _____

Signature: _____ Date: _____

Send completed form to:

US Able Life
Customer Service
P.O. Box 1650
Little Rock, AR 72203-1650
Fax number: (501) 235-8413
Telephone number: (501) 375-7200 or (800) 648-0271
E-mail: custserv@usablelife.com