STATE INSURANCE SPECIFIC ACCESS REQUEST FORM

This right does not extend to information that relates to a claim or to a civil or criminal proceeding.

You have the right of access to copy or inspect certain parts of your personal information held by CAIC. We must provide you with the option of accessing your personal information either in person or in writing. As further discussed below, we are not always required to grant such access, but each request will be carefully reviewed. You will be notified when your request has been approved or denied. Information that is within the scope of your right of access will be made available to you within 30 days after the date of your request. Should you choose to review your information in person; you may inspect it, obtain a copy of it, or do both. If you decide to obtain a copy, we will arrange for copying and may charge you a cost-based fee for supplies and labor.

I. Individual Whose Records Are Being Accessed:

Name: ______________________________ SSN (last four digits): __________

Certificate Number(s): ______________________________ Date of Birth: __________

Address: ______________________________

Telephone number: ______________________________

Primary Certificate Holder's Name (if different from above): ______________________________

II. Information Being Requested:

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

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III. Delivery Preference:

I would like to:

☐ make a personal visit to CAIC to inspect my records and/or obtain a copy.

☐ receive my information by regular U.S. mail at the address listed above.

☐ authorize CAIC to mail my personal information to the medical provider/facility listed below. I confirm that this medical provider/facility is licensed to provide medical care for the condition indicated in my records. CAIC will notify me once these records are mailed.

Name of medical provider/facility: ______________________________

Address: ______________________________

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Phone Number: ______________________________

IV. Right to Deny Access:

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

- Your access request form is not signed by you or your 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 mental health records but access is denied by your provider;
- Your request includes information compiled for litigation;
- 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 (you retain the right to inspect the information);
- 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.

______________________________	______________________________
Signature	Date
______________________________	______________________________
Printed Name of Legal/Personal Representative *(If Signed by a Legal/Personal Representative)*	Legal Relationship *(e.g., Legal Guardian, Power of Attorney)*

Note: We will not process this request if the form has not been signed by you or your personal representative. If this document is being signed by a Legal/Personal Representative, please provide us with the court appointed documents granting this authority.

Mail To: CAIC ● Attn: Privacy Office ● Post Office Box 427 ● Columbia, SC 29202