

REQUEST FOR ACCESS, INSPECTION AND COPY OF PROTECTED HEALTH INFORMATION AUTHORIZATION

Name

Certificate/Policy Number

Address

City

State & Zip Code

I request to review health information held about me in the *American National Insurance Company* health plan "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, claims adjudication, and health plan case or medical management records system, or records used to make decisions about individuals.

I understand that the company has 30 days to respond to this request, and that if someone else holds the information or if it is off-site, the response time is 60 days.

I request that the information be provided in the format (paper or electronic) as received by *American National Insurance Company*.

POLICY SERVICE

Billing, coverage changes,
addition/deletion of family members, etc.

UNDERWRITING

Medical records, applications, personal
history telephone interviews, paramedical
exams, reinstatements, etc.

CLAIMS

Medical records, provider billing,
verification of benefits, etc.

This Date of
Service Only: _____

This Doctor or
Hospital Only: _____

I agree to pay any fees for copying or summarizing my health information. **The fee for photocopying is \$25.00 for the first 20 pages, \$0.15 for each additional page, plus the actual cost of mailing, shipping, or delivery.**

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; and (4) other information not subject to the right to access information under HIPAA.

Signature

Date

RETURN TO:

Morris Soler, FLMI

Assistant Vice President

Privacy Officer

1 Moody Plaza

Galveston, Texas 77550

(409)766-6420

HIPAA.Compliance.Officer@Anico.com