



ACCESS REQUEST FORM

You have the right of access to copy or inspect certain of your protected health information held by McKinley Life Insurance Company, which also does business under the trade names PrimeTime Health Plan, AultCare HMO, and Aultra, and which is part of an Organized Health Care Arrangement with AultCare Corporation and Aultra Administrative Group, which are affiliated entities. 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.

Enrollee Name _____ ID Number _____

Member Name _____ Group Number _____

Address to receive notice _____

Telephone number _____

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

You have the option to receive the requested information in summary form with an explanation of what the information says in lieu of or in addition to the requested information.

_____ Yes, send me a summary/explanation instead of the complete information

_____ Yes, send me a summary/explanation in addition to the complete information

_____ No, send me the complete information only

Note that if you request additional copies of the information, you may be charged a fee.

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 representative;
- P.O. Box 6910 / Canton, OH 44706-0910
- PHONE: 330.363.6360 / TOLL FREE: 1.800.344.8858 / TTY LINE: 330. 363.2393 / 1.866.633.4752
- WEBSITE: www.aultcare.com



- 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 (you retain the right to inspect the information);
- 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 _____

Signature/Date _____

Note that no access request will be processed unless you or your representative have signed this form. If member representative, provide documentation or explanation of your authority to act for the member _____

Please fill out this form and return to: AultCare Corporation, ATTN: Privacy Coordinator, P. O. Box 6029, Canton, OH 44706-0910.

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