

Access Request Form

You have the right of access to copy or inspect certain pieces of your protected health information held by the affiliated entities AultCare Corporation, AultCare Health Insuring Corporation (AHIC) which also does business as PrimeTime Health Plan, Aultra Administrative Group (AAG), and AultCare Insurance Company (AIC) which also does business as AultCare HMO. 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.

Member Name	Date
Group Number	Member ID Number
Address to receive PHI:	Phone number:

Please provide as much detail as possible regarding the protected health information you wish to review, including a reason for the request.

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.

Print Name	Date
Signature*	Date

** Note we will not process any requests that are not signed by you or your representative. If you are the member's representative, please provide documentation or explanation of your authority to act for the member. If you do not have such documentation, please complete the **Authorization for Release of Information Form**.*

Please return the completed form to: ATTN: Privacy Coordinator, PO Box 6029, Canton, OH 44706.

****We are permitted by law to deny some 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;
- 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 HIPAA Privacy/Security 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.

AultCare/Aultra General Tag Lines for the State of Ohio

English

If you, or someone you are helping, have questions about **AultCare/Aultra** you have the right to get help and information in your language at no cost. To speak with an interpreter, call **Local: 330.363.6360 Outside Stark County: 1.800.344.8858 TTY Local: 330.363.2393 Outside Stark County: 1.866.633.4752**

Spanish

Español

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca **AultCare/Aultra** tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al **Local : 330.363.6360 Fuera del condado de Stark : 1.800.344.8858 TTY Local : 330.363.2393 Fuera del condado de Stark : 1.866.633.4752**

Chinese

中文

如果您，或是您正在協助的對象，有關於**AultCare/Aultra**保險公司

方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 本地：330.363.6360 斯塔克縣外：1.800.344.8858 TTY線 本地：330.363.2393 斯塔克縣外：1.866.633.4752。

German

Deutsche

Falls Sie oder jemand, dem Sie helfen, Fragen zum **AultCare/Aultra** haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 330.363.2393 Außerhalb von Stark County : 1.866.633.4752 an.**

Arabic

العربية

العربية، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب **AultCare/Aultra** إن كان لديك أو لدى شخص تساعد أسئلة بخصوص شركة التأمين

خارج مقاطعة ستارك: 1.800.344.8858 المحلي: 330.363.6360 الخط TTY خارج مقاطعة ستارك: 1.866.633.4752

Pennsylvania Dutch

Deitsch

Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut **AultCare/Aultra** hoscht du es Recht fer Hilf un Information in deine eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kansch du **Local: 330.363.6360** **Außerhalb von Stark County: 1.800.344.8858 TTY –Linie Local: 330.363.2393** **Außerhalb von Stark County : 1.866.633.4752** uffrufe.

Russian

русский

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу **Страховая компания AultCare/Aultra**, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону **Местный: 330.363.6360** **Вне Старка County : 1.800.344.8858 TTY линия Местный: 330.363.2393** **Вне Старка County : 1.866.633.4752.**

French

Français

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de **Compagnie d'Assurance AultCare/Aultra**, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, **Appelez Locale 330.363.6360** **En dehors du comté de Stark : 1.800.344.8858** **ligne ATS Local : 330.363.2393** **En dehors du comté de Stark : 1.866.633.4752.**

Vietnamese

Việt Nam

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về **Công ty Bảo hiểm AultCare/Aultra** quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi **Địa phương: 330.363.6360** **Bên ngoài của Stark County : 1.800.344.8858 TTY đường dây Địa phương: 330.363.2393** **Bên ngoài của Stark County : 1.866.633.4752.**

Cushite-Oromo

Isin yookan namni biraa isin deeggartan **AultCare/Aultra**, irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffanno argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa **Local: 330.363.6360** **Outside of Stark County: 1.800.344.8858 TTY Line Local: 330.363.2393** **Outside of Stark County: 1.866.633.4752** tiin bilbilaa.

Korean

한국어

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 **AultCare/Aultra** 보험 회사 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 **지역 : 330.363.6360** **스타크 카운티 의 외부 : 1.800.344.8858 TTY 라인 지역 : 330.363.2393** **스타크 카운티 의 외부 : 1.866.633.4752** 로 전화하십시오.

Italian

Italiano

Se tu o qualcuno che stai aiutando avete domande su **AultCare/Aultra**, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare **Locale: 330.363.6360** **Al di fuori di Stark County : 1.800.344.8858 TTY linea Locale: 330.363.2393** **Al di fuori di Stark County : 1.866.633.4752.**

Japanese

日本語

ご本人様、またはお客様の身の回りの方でも **AultCare/Aultra** 保険会社 についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、**ローカル : 330.363.6360** **スターク郡の外 : 1.800.344.8858 TTYライン ローカル : 330.363.2393** **スターク郡の外 : 1.866.633.4752** までお電話ください。

Dutch

Nederlands

Als u, of iemand die u helpt, vragen heeft over **AultCare/Aultra**, heeft u het recht om hulp en informatie te krijgen in uw taal zonder kosten. Om te praten met een tolk, bel **Local : 330.363.6360** **Buiten Stark County : 1.800.344.8858 TTY Line Local : 330.363.2393** **Buiten Stark County : 1.866.633.4752.**

Ukrainian

український

Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про **Страхова компанія AultCare/Aultra**, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на

Місцевий : 330.363.6360 Поза Старка County : 1.800.344.8858 ТТУ лінія Місцевий : 330.363.2393 Поза Старка County : 1.866.633.4752.

Romanian

Română

Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind **Compania de Asigurari AultCare/Aultra**, aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la **Locale : 330.363.6360 In afara Stark Judet : 1.800.344.8858 TTY linie Locale : 330.363.2393 In afara Stark Judet : 1.866.633.4752.**

Non-Discrimination Notice:

AultCare/Aultra complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AultCare/Aultra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AultCare/Aultra provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). AultCare/Aultra provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, or if you believe that AultCare/Aultra has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can contact or file a grievance with the: AultCare/Aultra Civil Rights Coordinator, 2600 6th St. S.W. Canton, OH 44710, 330-363-7456, CivilRightsCoordinator@aultcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.