

*Pension, Health, and 401(k) Trust Funds*

Executive Director ARTHUR DRECHSLER

# EQUITY-LEAGUE

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## **Equity-League Health Trust Fund (the "Plan") Request for Access to PHI**

Name of Individual: \_\_\_\_\_

Date: \_\_\_\_\_

Union Membership Identification Number: \_\_\_\_\_

I am requesting that I be allowed to inspect and copy the following PHI:

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I understand that I may be charged a fee for the costs of copying, including labor and supplies, and postage. I also may be charged the cost of preparing a summary of protected health information, if such a summary is requested. I have reviewed the Plan's rules for access to information contained in the Plan's Notice of Privacy Practices.

Signature of Individual Requesting Access to PHI: \_\_\_\_\_

Signature of Personal Representative acting on behalf of the Individual, if the Individual is not making the request for access to PHI:

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