

Request for Records Form

- This form authorizes Community Eye Care (CEC) to process your request for a copy of your records as contained in the CEC designated record set.
- Due to record retention schedule requirements, all records may not be available.
- Requests for records are generally completed within 30 calendar days, however, an extension may be requested.
- Records will be sent via U.S. Postal Service.
- You should make a copy of your signed request for your records before sending it to CEC.

Section I – Member Requesting Authorization to Use or Disclose Protected Health Information

First Name:	Middle Name/Initial:	Last Name:	
Mailing Address/PO Box:			
City:	State:	Zip Code:	
Member ID#:	Date of Birth (MM/DD/YYYY):		
Email:	Mobile Phone:	Daytime Phone:	

Section II – Types of Records Requested

☐ Claims ☐ Complaints/appeals you have filed ☐ Authorization for Use and Disclosure forms you have submitted

Section III – Dates of Coverage/Service for the Records Requested

From Date (MM/DD/YYYY):	To Date (MM/DD/YYYY):
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Section IV – Designated Recipient of Records (OPTIONAL)

Organization (if applicable):	First and Last Name:		
Mailing Address/PO Box:			
City:	State:	Zip Code:	
Phone:	Email:	Relationship to Member:	



Section V – Signature

I declare under penalty of perjury the information on this form or attached is true and correct. Any attempt to falsely gain access is subject to legal penalties.

Signature of Member or Personal Representative*

Date (MM/DD/YYYY)

Print Name of Member or Personal Representative

* If this request is signed by a personal representative on behalf of the beneficiary, please check the box on the right that describes the relationship to the member and attach documentation of authority. For example, power of attorney or guardianship.

Legal guardian

Power of Attorney

Executor

Other (please explain) _____

Please return this completed form and any related documentation to: **Community Eye Care (CEC), Attn: Compliance, PO Box 997100, Sacramento, CA 95899** or email to **customerservice@cecvision.com**.

CEC USE ONLY	
Status	Date Records/Notification Sent
☐ Requested Records Released	
☐ Missing signature	
☐ Missing dates of coverage/service	
☐ No records found	
☐ No supporting documents	
☐ Member not found	
☐ Other: _____	

This document may contain information covered under HIPAA and its various implementing regulations and must be protected in accordance with those provisions. If you have received this correspondence in error, please notify CEC immediately, then destroy the document and any copies you have made.