



# Request for Inspection and Copying

## MEMBER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Member ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

I hereby request access to my protected health information that Doctors HealthCare Plans maintains in a set of specific record(s). Doctors HealthCare Plans will consider the request and respond to me within 60 days. If my request is denied, Doctors HealthCare Plans will send a written explanation of the reason for denial. Please list the information requested – for example, dates of service or claims information for specific time periods – and time period of the requested information:

Information: \_\_\_\_\_  
\_\_\_\_\_

Time Period: from \_\_\_\_\_ to \_\_\_\_\_

Please check the preferred method of meeting this request:

- Mail to the address above
- Request in person inspection of the information at Doctors HealthCare Plans’ main office
- Send via secure email to my email address
- Other \_\_\_\_\_

**Please send this form to:**

**Doctors HealthCare Plans, Inc.**  
Attn: Privacy Officer  
2020 Ponce de Leon Blvd, Suite PH 1  
Coral Gables, FL 33134

\_\_\_\_\_  
Member or Legal Representative\* Signature

\_\_\_\_\_  
Date

*\*Legal Representative(s) must provide documentation to support legal authority to act on behalf of Member.*

Legal Representative Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## DISCRIMINATION IS AGAINST THE LAW

Doctors HealthCare Plans, Inc., complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Doctors HealthCare Plans, Inc., does not exclude individuals or treat them differently because of race, color, national origin, age, disability, or sex.

Doctors HealthCare Plans, Inc. provides: (1) 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); and, (2) free language services to individuals whose primary language is not English, such as, qualified interpreters and information written in other languages.

If you need these services, contact the number on the back of your ID Card. If you believe that Doctors HealthCare Plans, Inc., has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Doctors HealthCare Plans, Inc., Attention: Member Services Department**, 2020 Ponce de Leon Blvd., PH 1, Coral Gables, FL 33134 or call (786) 460-3427 or (833) 342-7463, TTY: 711; fax: (786) 578-0283, 7 days a week; 8AM to 8PM EST.

You can file a grievance in person, by mail, or by fax. If you need help filing a grievance, our Member Services Representatives are available to help you at the number listed above. You can also file a civil rights complaint electronically through the U.S. Department of Health and Human Services, 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 or call (800) 368-1019, (800) 537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## MULTI-LANGUAGE INTERPRETER SERVICE

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 786-460-3427 or 833-342-7463 (TTY: 711). **Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 786-460-3427 o 833-342-7463 (TTY: 711). **繁體中文 (Chinese):** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 Call 786-460-3427 or 833-342-7463 (TTY: 711). **Français (French):** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 786-460-3427 or 833-342-7463 (TTY: 711). **Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 786-460-3427 or 833-342-7463 (TTY: 711). **ગુજરાતી (Gujarati):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 786-460-3427 or 833-342-7463 (TTY: 711). **Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pouou. Rele 786-460-3427 or 833-342-7463 (TTY: 711). **Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 786-460-3427 or 833-342-7463 (TTY: 711). **한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 786-460-3427 or 833-342-7463 (TTY: 711). **बैंग्रु (Polish):** UWAGAM: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 786-460-3427 or 833-342-7463 (TTY: 711). **Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 786-460-3427 or 833-342-7463 (TTY: 711). **Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 786-460-3427 or 833-342-7463 (TTY: 711). **ภาษาไทย (Thai):** เรียน: ภาัคุณพดูภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 786-460-3427 or 833-342-7463 (TTY: 711). **Tiếng Việt (Vietnamese):** CHÚ Ý: Nu bn nói Ting Vit, có các dch v h tr ngôn ng min phí dành cho bn. Gi s 786-460-3427 or 833-342-7463 (TTY: 711). **Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 786-460-3427 or 833-342-7463 (TTY: 711). **Diné Bizaad (Navajo):** ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chı tosholahinla. Atoko, hattak yvmm̩ im anompoli chi bvnnakmvt, holhtina pa payah: 786-460-3427 or 833-342-7463 (TTY: 711). **العربية (Arabic):**

تنبيه: إذا لم تكن تتحدث الإنجليزية، نوفر خدمات المساعدة اللغوية مجانًا من أجلك. اتصل بالرقم 786-460-3427 أو 833-342-7463 (هاتف نصي: 711)