



REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58771 (Rev. 12-2009)

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 •
Fax 701-328-3920

PART A MEMBER INFORMATION	
Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
Health Plan ID Number	
PART B MEMBER AUTHORIZATION & ACKNOWLEDGEMENT	
I hereby request a copy of my health information from NDPERS for the following dates: _____	
I request the health information contained in the following records (please check all that apply):	
<input type="checkbox"/> Enrollment	
<input type="checkbox"/> Premium/contribution payment	
<input type="checkbox"/> Administrative correspondence	
<input type="checkbox"/> All of the above	
<input type="checkbox"/> Other (please specify) _____	
I understand that I may access my health information through any of the following methods (please check the desired method):	
<input type="checkbox"/> I prefer to inspect and/or copy the requested information in person and will arrange for a mutually convenient time to come to NDPERS by calling 701-328-3900 or 1-800-803-7377.	
<input type="checkbox"/> I prefer to have the requested information copied and mailed to my address on record.	
<input type="checkbox"/> I prefer to receive a written summary of the requested information, instead of the complete records.	

CONTINUED

NDPERS has the right to assess you a reasonable cost-based fee for any of the above services. You will be informed in advance of the fee, if applicable.

Requester

____/____/____
Date of Request

If signed by personal representative:
Name of personal representative print): _____

Relationship to participant or nature of authority: _____

Signature of Personal Representative

____/____/____
Date