

REQUEST FOR ACCESS TO PHI

To request access to protected health information ("PHI") (as defined below) about you maintained by Medtronic MiniMed, Inc. ("MiniMed") in a "Designated Record Set" (as defined below), please complete the following request form. Please note, however, that under the Health Insurance Portability and Accountability Act of 1996, you may not inspect or copy the following: (1) information compiled in reasonable anticipation or, or use in, legal proceedings; and (2) PHI that is subject to law that prohibits access to PHI. Please note, we may accept or deny your request in whole or in part.

1. Your Name: _____
Name of MiniMed Customer, if different: _____

2. Your Mailing Address: _____

Address of MiniMed Customer, if different: _____

3. Your Telephone: _____ (Daytime)
_____ (Evening)

4. Your Date of Birth: _____ (mm/dd/yyyy)
MiniMed Customer's Date of Birth: _____ (mm/dd/yyyy)

5. Your Gender: Female ___ Male ___
Gender of MiniMed Customer: Female ___ Male ___

6. Your Social Security Number: _____
MiniMed Customer's Social Security Number, if different: _____

7. Are you requesting access to your PHI? Yes ___ No ___

8. If you are requesting access to PHI of another individual, please attach a proof of your authorization:

- healthcare or general power of attorney;
- proof of parent or guardianship;
- proof of executorship or estate administrator;
- certificate of governmental agency (e.g., health oversight agency or law enforcement official); or
- other applicable documentation that authorizes you to request access to PHI of another individual.

9. **Please specify in detail the PHI you are requesting access to, including relevant dates. This is very important. If necessary, please attach additional page(s).**

Signature of Customer or Personal Representative

Print Name of Customer or Personal Representative

Date

Description of Personal Representative's Authority

Upon completing this form, please return this form (and attachments, if any) to:

Medtronic MiniMed, Inc.
Attn: Patient Services Department
18000 Devonshire St.
Northridge, CA 91325

We ordinarily will respond to your request within 30 days of receipt of this form (when accurately completed) if the information is located in our facility, and within 60 days if it is located off-site at another facility. If we need additional time to respond, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

If you have any questions or comments, please contact the Patient Services Department at 800-MINIMED (800-646-4633)

“**PHI**” means information about you, including demographic information, that may identify you that MiniMed creates or receives and transmits or maintains in any form that relates to your physical or mental health or condition or the provision of and payment for MiniMed’s products and services.

“**Designated Record Set**” means a group of records that is: (A) the medical records and billing records about customers; (B) the enrollment, payment, claims adjudication, and case or medical management record systems; or (C) used, in whole or in part, by or for Medtronic MiniMed to make decisions about customers. For purposes of this definition, the term “record” means any item, collection, or grouping of information that includes PHI.

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