



**REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION**  
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 58771 (Rev. 12-2021)

**NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657**  
**(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov**

**PART A MEMBER INFORMATION**

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
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):

- Enrollment
- Premium/contribution payment
- Administrative correspondence
- All of the above
- Other (please specify) \_\_\_\_\_

I understand that I may access my health information through any of the following methods (please check the desired method):

- 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.
- I prefer to have the requested information copied and mailed to my address on record.
- I prefer to receive a written summary of the requested information instead of the complete records.

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 (Electronic Signature will not be accepted)	Date of Request
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If signed by Personal Representative

Print Name of Personal Representative	Relationship to participant or nature of authority
Signature of Personal Representative (Electronic Signature will <u>not</u> be accepted)	Date