



**Request to Access and Inspect
 Personal Records**

You have the right to access and inspect any record containing your personal information that Covered California creates or maintains about you. If your request is denied, we will let you know the reasons for the denial in writing. Should we deny your request, you have the right to request a review of our decision and we will provide you the name and contact information of the reviewing official in conjunction with a written copy of our decision. Please complete this form and attach all relevant documents. You may submit the form and documents by either mail or fax.

Covered California
 P.O. Box 989725
 West Sacramento, CA 95798-9725

Fax: (888) 329-3700

Consumer Information		
<i>(As indicated on your Covered California Account)</i>		
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Covered California Case or Account Number:		Date of Birth:
Daytime Phone Number:	Email Address	

What personal information do you want to access or inspect?

REQUEST TO ACCESS AND INSPECT PERSONAL RECORDS

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Address Verification <i>(Please attached a copy of one of the following with your name and current address.)</i>		
California Driver's License	Utility Bill	Other
Identity Verification <i>(Please attached a copy of one of the following. If no identifying document is attached, your signature must be notarized.)</i>		
California Driver's License	State of California Identification Card	
Federal Issued I.D. Card	Notary	
Date Notarized:	UNOFFICIAL UNLESS STAMPED BY NOTARY PUBLIC	
Notarized By:		
Notary Public Number:		

Signature	
I understand Covered California may not be able to comply with my request but will provide me with a response.	
I declare under penalty of perjury that the information on this form is true and correct.	
Signature:	Date:
<i>The information requested on this form is required by the California Health Benefits Exchange, Privacy Office in order to process your request and will be used solely for this purpose. Failure to provide this information may result in the denial of your request. Legal references authorizing the collection or maintenance of the information provided on this form include Sections 1798.22, 1798.25, 1798.27 and 1798.35 of the California Civil Code and Section 155.260(a) of the Code of Federal Regulations. California Health Benefits Exchange, Privacy Office, 1601 Exposition Blvd, Sacramento, CA 95815 (800) 889-3871.</i>	