REQUEST FOR ACCESS TO YOUR PROTECTED HEALTH INFORMATION

Affiliate Name: ____
(Please Type)

Contract Number: ____________________________________

Date of Birth: ____

Address:____
____

Telephones: Home:_________________Cellular:_________________Other: ________________

Please, specify which section(s) of your record or historical data you need to inspect or copy:

_____Payment History _____Claims Data
_____Plan Subscription _____Case Management
_____Pharmaceutical History _____Pre-Authorizations
_____Pre-Certifications
_____Other: ____

Provide the dates involving the period for which you are requesting information:

From_____________________________To _____________________________

Indicate how you wish to receive the information requested:

_____Paper Copy _____Electronic Copy
_____Summary or Explanation _____Inspect Personally *

If you prefer to inspect your patient health information personally, we will arrange for a meeting with you.

I,___________________________________request inspection and/or copy of my Protected Health Information.
(Affiliate or Authorized Representative)

______________________________	_________________________	____________
Affiliate or Authorized Representative	Signature	Date
______________________________	_________________________	____________
Privacy Unit Representative	Signature	Date
______________________________	_________________________	____________
Witness (If necessary)	Signature	Date

For Privacy Unit Use Only:

____Request Accepted
____Request Denied Reason: ____
____Subscriber was notified Date: ___________________

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聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-627-8183 (TTY: 1-866-627-8182). ATTENTION: If you speak English, language assistanceservices, free of charge, are available to you. Call 1-866-627-8183 (TTY: 1-866-627-8182).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1-866-627-8183 (TTY: 1-866-627-8182).

Confidentiality Notice: This communication is privileged and confidential, and/or protected health information (PHI) or electronic protected health information (ePHI), and may be subject to protection under the law, including HIPAA. This communication is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, be advised that any use, disclosure, distribution, copying, or action taken in reliance on the contents of this communication is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for its return.