

Request for Access to Designated Protected Health Information Records



Use this form to request to inspect or obtain copies of your protected health information in the designated record set that we or our business associates maintain.

Please provide the following information:

Name			Daytime phone number
Address			
City	State	ZIP	Enrollee ID

You have the right to inspect or obtain a copy of protected health information in your designated record (except certain limited information, including copies of psychotherapy notes, information we have compiled in anticipation of, or for use in a civil, criminal or administrative action or proceeding, and certain other records). Elements in the designated record may include eligibility, enrollment, payment, claims, appeals and case or medical management records. Unless you indicate otherwise, we will provide a summary of the records.

1. I am requesting:

- ☐ A summary of all records maintained in the designated record set:

From: _____
Month Year

To: _____
Month Year

- ☐ Specific records:

2. The manner in which you prefer to access your records:

- ☐ Paper copies mailed to: _____
Name of recipient

Street address

City, state, ZIP code

- ☐ I would like to review the records in person at a location designated by WyoBlue Advantage.
- ☐ Electronically. Please select the format to receive your copies:
- ☐ PDF
- ☐ Other (please specify): _____

(Please complete the form on the opposite side)

I would like my electronic copies delivered to:

☐ An email address:

Name of recipient

Email address of recipient

☐ A postal address:

Name of recipient

Street address

City, state and ZIP code

Please send the copies on: ☐ CD-ROM

☐ USB storage device

☐ Other (please specify) _____

3. Please sign and date:

Signature

Date

If you are not the member, please sign and write today's date below, then check the box that describes your relationship to the member. If you are not the parent of a minor member, please attach proof of your relationship to the member. An authorization is required if you are not the personal representative.

Name of personal representative: _____

Signature of personal representative and date: _____

☐ Parent of minor child ☐ Legal guardian ☐ Power of attorney ☐ Executor ☐ Other

Please mail completed form (and all documentation if needed) to:

**Customer Individual Rights Unit
600 East Lafayette, MC 1620
Detroit, MI 48226-2998**

or fax: **1-877-522-4767**

WyoBlue Advantage will make reasonable attempts to produce the designated record in the form and format you have requested. However, in the event that we cannot produce the records in the form and format you have requested, we have the right to contact you to establish a mutually agreeable alternative. We reserve the right to charge a reasonable fee to produce the copies in the form and format you have requested.