

Protected Health Information (PHI) Request

BY MEMBER

To submit the PHI Request, please email to: phi@evergreenmd.org or fax to: **(844) 412-7884**.

Note: This request is limited to information the health plan has on file as of the date of this request.

THE PHI REQUEST IS FOR THE FOLLOWING:

- Release of PHI to Member
- Accounting of Disclosures of PHI by health plan to Member
- Amendment of PHI by Member

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|----------------------|-------|------|--------------|-----------------------------------|-----|-------|------|-------------|----------------------------------|----------------------------------|---------------------------------------|
| Date of request | MONTH | DAY | YEAR | Member Name | | | | | | | |
| Member Date of Birth | MONTH | DAY | YEAR | Member Evergreen Health ID Number | | | | | | | |
| Street Address | | City | | State Zip Code | | | | | | | |
| Email Address | | | Phone Number | | | | | | | | |
| Timeframe | From: | / | / | To: | | | | | | | |
| | | day | month | year | day | month | year | Access Type | <input type="radio"/> Inspection | <input type="radio"/> Paper Copy | <input type="radio"/> Electronic Copy |

_____ I authorize the disclosure and/or use of the following information (check all that apply):

- Any information related to a specific claim [specify date of service OR type of treatment]: _____
- My entire medical record on file with the health plan
- My enrollment, eligibility and premium payments
- Other (describe information in detail): _____

Method of disclosure: Please release my records/information via: (Check all that apply)

- Mail
- In person pick-up by patient OR authorized representative
- Secured email

Amendments to be made to PHI: _____

PLEASE SIGN BELOW

| | | | | |
|--|--|-------|-----|------|
| Signature of Member | | MONTH | DAY | YEAR |
| <i>If minor:</i> Signature of Parent or Legal Guardian | | MONTH | DAY | YEAR |

RELEASE OF PHI (45 CFR 164.524)

Members have a right to access and inspect their PHI except for psychotherapy notes and information gathered in anticipation of civil, criminal, or administrative action or proceeding. A request for a release of information will be processed within thirty (30) days. A reasonable, cost-based fee for supplies, labor, postage, and copying of the information may be charged to the member.

If request for release is denied, Evergreen Health must provide in writing a plain language basis for the denial. The member has the right to have a denial reviewed by another Evergreen Health employee who did not participate in the original denial decision.

ACCOUNTING OF DISCLOSURE OF PHI (45 CFR 164.528)

Members may request an accounting of when their PHI has been used or disclosed. The accounting will include disclosures for the prior six (6) years and will NOT include disclosures made:

- To carry out treatment, payment, and health care operations;
- To individuals of PHI about them;
- Incident to a use or disclosure otherwise permitted or required;
- Pursuant to an authorization;
- For the facility's directory or persons involved in member's care or other notification;
- For national security or intelligence purposes;
- To correctional institutions or law enforcement officials;
- As part of a limited data set; or
- That occurred prior to compliance date

AMENDMENT TO PHI (45 CFR 164.526)

Members may make amendments to their PHI when their PHI is inaccurate or incomplete. Evergreen Health must act on a request for an amendment no later than sixty (60) days after receipt of such request. If the amendment is accepted Evergreen Health will make the appropriate changes to the member's PHI. A request to amend PHI may be denied and Evergreen Health must provide the reasons for the denial in writing. Upon receiving a denial to amend, the member may submit a written statement disagreeing with the denial in all or part and the basis for the disagreement.