

Individual Request for Access to Protected Health Information (PHI) Contained in the Designated Record Set (DRS)

Important Information

You have the right to view your Protected Health Information (PHI) in the Designated Record Set (DRS). Your PHI is in your medical or health plan records. It is used to make sure you get health care services. The DRS includes your medical claims, pharmacy claims, and care plans. You also have the right to ask for copies of your records. To ask for copies, you will need to fill out the attached form and send it to us. When we get your form, we will respond within 30 days. If the information you ask for is not readily available, Partnership HealthPlan of California (PHC) has up to 60 days to send it to you. PHC may charge a fee of \$0.10 per page and any postage fees if you ask for copies of records to be mailed to you.

To Ask for a Copy of Your PHI in a DRS:

1. Fill out the form below. To process your request, we must confirm your identity and will need a photocopy of a valid photo identification (ID) sent in with the completed form.
2. If you would like to choose another person to have access to or to get your PHI, you must also complete the *PHC Authorization for Release of Protected Health Information* form, which is available on our website: <http://www.partnershiphp.org/Members/Medi-Cal/Pages/default.aspx> under 'Important Documents'. We may need a photocopy of a valid photo ID of the person you appoint if they ask for your PHI.
3. Please select the records you need from the list on the form. If you are not sure what you need, please call PHC Member Services at **(800) 863-4155**, Monday through Friday from 8 a.m. to 5 p.m. for help.
4. **PHC does not have complete copies of your medical records. If you want to look at or get a copy of your medical records, please call your provider or clinic.**

If you have any questions about your request, please call PHC Member Services at **(800) 863-4155**. TTY users can call **(800) 735-2929** or **711**. **If you need an interpreter, ask Member Services about language access services.**

Your records may be picked up at a PHC office or sent by certified postal mail. If you want your records sent another way, PHC will need to approve your request. PHC is not responsible for loss of PHI using your choice of delivery.

Member Information

| | | | |
|-----------------------|--------|-----------------------|--|
| First Name: | | Last Name: | |
| Address: | | | |
| Phone Number: | () | Date of Birth: | |
| Member ID/CIN: | | | |

**The records listed below are part of the DRS made by PHC.
Please pick the types of records you wish to view or receive.**

| | | | |
|--|---|--|--|
| Member Services <input type="checkbox"/> Auto Assignment & PCP changes <input type="checkbox"/> Eligibility Record(s): Membership data set | Claims/Billing <input type="checkbox"/> Medical Claims Record(s) <input type="checkbox"/> Pharmacy Claims Record(s) | | |
| Authorizations <input type="checkbox"/> Medical Authorizations Request(s) <input type="checkbox"/> Pharmacy Prior Authorization(s) <input type="checkbox"/> Notice of Action Letter(s) | Care Management <input type="checkbox"/> Case Management Record(s) <input type="checkbox"/> Care Plan(s) <input type="checkbox"/> Assessment(s) | | |
| Behavioral Health Record(s) <input type="checkbox"/> Behavioral Health Records <input type="checkbox"/> Treatment Authorization Request (TAR) | Durable Medical Equipment (DME) <input type="checkbox"/> DME Assessment Records | | |
| Grievances and Appeals <input type="checkbox"/> State Hearing Record(s) <input type="checkbox"/> Grievance and Appeal Case File Records vary based on the case but may include the following: <table style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Medical Records <input type="checkbox"/> TAR(s) <input type="checkbox"/> Claims / Billing Records </td> <td style="width: 50%;"> <input type="checkbox"/> Referral Authorization Request(s) <input type="checkbox"/> Member Correspondence </td> </tr> </table> | | <input type="checkbox"/> Medical Records <input type="checkbox"/> TAR(s) <input type="checkbox"/> Claims / Billing Records | <input type="checkbox"/> Referral Authorization Request(s) <input type="checkbox"/> Member Correspondence |
| <input type="checkbox"/> Medical Records <input type="checkbox"/> TAR(s) <input type="checkbox"/> Claims / Billing Records | <input type="checkbox"/> Referral Authorization Request(s) <input type="checkbox"/> Member Correspondence | | |

Dates of Service Request

I am asking for copies of records for the following dates of service: _____ to _____
(mm/dd/yy) (mm/dd/yy)

***You must list the date range in order for PHC to process your request.**

Delivery Method (pick one):

- "Personal" pickup at PHC (identification may be required at time of pickup)
- Mail: _____
Street/Unit *City* *State* *Zip Code*
- Other (if approved): _____

Signature of Member

I understand that to process my request, this form must be complete, include a date range and my identity must be validated and I need to send in a copy of a photo ID with this form.

By signing below, I state that I have read this form and know what it means.

Signature of Member/Personal Representative

Date

Print Name

Relationship to Member

PHC has the right to ask for legal papers like a birth certificate or court order from the parent or guardian signing on behalf of a dependent member.

Personal Representatives – Please include a legal paper to prove that you are the caretaker, executor of the deceased’s will, or can make medical decisions for the member.

Send the completed and signed request form, copy of valid photo ID, and copy of legal documents, if needed, in person or by mail to one of the addresses below.

Partnership HealthPlan of California (PHC)
c/o Member Services Department – Southern Region
4665 Business Center Drive
Fairfield, CA 94534
Fax: (707) 863-4415

OR

Partnership HealthPlan of California (PHC)
c/o Member Services Department – Northern Region
3688 Avetech Pkwy
Redding, CA 96002
Fax: (530) 223-2508