

**Request for Access Form**

This form lets you inspect or obtain a copy of your PHI that Meridian maintains.

Meridian cannot give you access to or copies of:

- Psychotherapy notes we may have
- Info we may have used for civil, criminal or administrative action or proceeding
- Info not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988
- Other info as defined in the Privacy Rule (CRF 164)

You will receive a written response to your request within 30 days of our receipt of this form or a notice that we elected to extend our time to respond by an additional 30 days.

**SECTION 1: YOUR INFO**

<b>Name:</b>		<b>DOB:</b>
<b>Member ID#:</b>		<b>Phone:</b>
<b>Address:</b>	<b>City:</b>	<b>State/Zip:</b>

**SECTION 2: INFO YOU ARE REQUESTING**

Tell us what info you need:

Date range for the info you are asking for: \_\_\_\_\_  
From: (mm/dd/yyyy) To: (mm/dd/yyyy)

**SECTION 3: REQUEST REASON (CHOOSE ONE)**

<input type="checkbox"/> To help with my health care	<input type="checkbox"/> For my own records	<input type="checkbox"/> For a lawsuit, legal action, court case, settlement, etc.
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Other: \_\_\_\_\_

**SECTION 4: WHERE TO SEND YOUR PHI (CHOOSE ONE)**

Who is this being sent to? \_\_\_\_\_

How should it be sent:

- Fax to:
- By email:
- In person at a location decided by Meridian (must have an appointment)
- Other electronic formation (e.g. CD)
- By mail to the following address:



Address:

City:

State/Zip:

**SECTION 5: SIGN AND DATE**

Who is signing?  Member listed above  Parent of minor member listed above  Someone other than Member

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Description of authority to act on behalf of the member (e.g., durable power of attorney, court order, parent of minor child, etc.): \_\_\_\_\_

\* You must attach the legal records shown above that name you as the representative of this member. There will be delays in this request if you do not give us this info

**SECTION 6: RETURN THE FORM**

Send us a copy of this form by choosing one of the following:

1. Fax this form to 313-324-9075
2. Email this form to [privacy.mi@mhplan.com](mailto:privacy.mi@mhplan.com)
3. Send this form in the enclosed envelope to the address below. No stamp is needed.

Privacy Officer  
Meridian Health Plan  
1 Campus Martius, Suite 700  
Detroit, MI 48226