



Request for Member Access to Protected Health Information (PHI)

You have the right to get copies or review your protected health information (PHI) held by us. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) gives you this right. This may include records used in making coverage, claims and other decisions as a Molina Healthcare member. We will review your request. We will get you your information or tell you why we will not be able to do so. *Important Note: We do not have complete copies of your medical records. Please contact your physician to get a copy of your medical chart.*

PLEASE PRINT:

Member Name: _____ Date of Birth: _____

Address: _____

Member ID# _____ Phone: _____

I want to review or obtain copies of my Protected Health Information (PHI).

How much of your PHI do you wish to review?

I would like to review:

Check (3) **all** boxes that apply: ☐ Enrollment Records ☐ Claim Records ☐ Other Records (*Please describe below*):

Would it be OK to get a summary of the information above? ☐ Yes ☐ No

How would you like to access this information?

I want to get my information:

Check (3) **one** box only: ☐ Inspect ☐ Copy

There may be cases where Molina cannot give you the information in the way you want. We will let you come in and read a copy.

Will there be a cost for the copies or mailing?

Molina may ask you to pay the cost for these services. These may be the cost of labor, copying, and/or postage.

Are you willing to pay this cost? ☐ Yes ☐ No

Signature of Member or Member's Representative

Date

Printed Name of Member's Personal Representative, if applicable

Relationship to Member or Personal Representative's Authority to act for the Member, if applicable