



Dear Member,

Inside is a Request for Access to Protected Health Info (PHI) form which lets you request access to your PHI that Meridian maintains. You or someone on your behalf has asked for a copy of this form. Once we receive your form, we will respond to you by mail within 30 days. Below are steps for each section. You can use this as a checklist.

- SECTION 1:** Your info
- SECTION 2:** Info you are requesting
- SECTION 3:** Request reason
- SECTION 4:** Where to send your PHI
- SECTION 5:** Sign and date
- SECTION 6:** Return the form

- ✓ We cannot process the form if all sections are not filled out. You will have to fill out a new form to request your PHI
- ✓ We may tell you that we need an additional 30 days to process your request
- ✓ We will approve or deny your request
- ✓ You have the right to a review the denial if your request is denied for a reason other than this form not being filled out. We will give you steps for this second review if needed

Please call Member Services at **888-437-0606** or email **privacy.mi@mhplan.com** if you have questions or need help filling out this form.

www.mimeridian.com

1-888-437-0606 (TTY: 711)

CAD_94106E_ State Approved 01132022

MI2CADFRM94106E_0000

© 2022 Meridian. All rights reserved.

Request For Access to Protected Health Info Form

SECTION 1: YOUR INFO

Name (First and Last): _____ Date of Birth (mm/dd/yyyy): _____
Member ID#: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

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)

To help with my health care For my own records For a lawsuit, legal action, court case, settlement, etc.

Other: _____

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

Who should Meridian send this to (PLEASE PRINT NAME): _____

How should it be sent (CHOOSE ONE):

Fax to: By email: Other electronic format (e.g. CD)

In person at a location decided by Meridian (must make an appointment)

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:

 Fax this form to **313-294-5573**

 Email this form to **privacy.mi@mhplan.com**

 Send this form by mail to the address below: **Meridian**

**Attn: Privacy Officer
1 Campus Martius, Suite 700
Detroit, MI 48226**