meridian

Dear Member,

Inside is an Accounting of Disclosed Protected Health Information Request (PHI) form. This form lets you obtain an accounting of your PHI disclosed by Meridian to someone other than you. You or someone else has asked for this form on your behalf.

You are allowed one free accounting each year. Meridian may apply a reasonable, cost-based fee for additional requests within a year. If there is a fee, Meridian will give you an invoice so you can decide whether you want to change or cancel your request.

Below are steps for each section. You can use this as a checklist.

- ☐ **SECTION 1:** Your info
- ☐ **SECTION 2:** Date range for the accounting
- ☐ **SECTION 3:** How to obtain records
- ☐ **SECTION 4:** Sign and date
- ☐ **SECTION 5:** Return the form

- ✔ All sections must be filled out or the form will not be processed
- ✔ This form does not take effect until Meridian receives it
- ✔ A response approving or denying your request will be sent to you within 30 days of us receiving this completed form

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.

Accounting of Disclosed PHI Request Form

This form allows you to request an accounting of certain disclosures of protected health info made by Meridian. You may request an accounting six years before to the date on which the accounting is requested. Meridian may charge a fee for this request.

SECTION 1: YOUR INFO

Name (First and Last): _____ Date of Birth (mm/dd/yyyy): _____

Member ID#: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

SECTION 2: DATE RANGE FOR THE ACCOUNTING

From: (mm/dd/yyyy) _____

To: (mm/dd/yyyy) _____

SECTION 3: HOW TO OBTAIN RECORDS (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 4: 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. guardianship, 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 5: 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