

## 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 to each section on the form. You can use this as a checklist.				
SECTION 1: Your info	SECTION 4: Sign and date			
SECTION 2: Date range for the accounting	SECTION 5: Return the form			
☐ <b>SECTION 3:</b> How to obtain records				

- ✓ 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

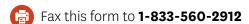


Please call Member Services at 1-888-437-0606 (TTY: 711) or email privacy.mi@mhplan.com if you have questions or need help filling out this form.

## **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.

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		SECTIO	ON 1: YOUR INFO			
Name (First and Last):			Date of Birth (m	Date of Birth (mm/dd/yyyy):		
Member ID#:			Phone:			
Address:		City:	State:	Zip:		
	SE	CTION 2: DATE R	ANGE FOR THE ACCOU	NTING		
From: (mm/d	d/yyyy)					
To: (mm/dd/)	уууу)					
	SECTI	ON 3: HOW TO O	BTAIN RECORDS (CHO	DSE ONE)		
Fax to:	☐ By email:	Other electronic format (e.g. CD)				
☐ In person	at a location decide	d by Meridian (mu	st make an appointment)			
☐ By mail to	the following addre	SS:				
Address:		City:	State:	Zip:		
		SECTION	4: SIGN AND DATE			
Who is signin	g?					
☐ Member l	isted above 🔲 Pare	ent of minor memb	er listed above 🔲 Some	eone other than member*		
Signature:	Date:					
Name (printe	ed):					
•	•		nber (e.g. guardianship, d	durable power of attorney, court		
	ach the legal records request if you do no		name you as the represe	ntative of this member. There will b		
		SECTION 5	: RETURN THE FORM			
Send us a cor	ov of this form by ch	oosing one of the f	ollowing:			



Email this form to privacy.mi@mhplan.com

Send this form by mail to the address below:

Meridian Attn: Privacy Official 777 Woodward Ave, Suite 700 Detroit, MI 48226 1-888-437-0606 (TTY: 711)