

Information About Your Request to Access Your Protected Health Information (PHI)

What does the right to access PHI mean?

You have the right to look at and get a copy of your information that is kept by Community Health Plan of Washington in the designated record set. The *designated record set* includes any records used to make decisions about you as a member. This set might include records about enrollment, claims, plan case management, medical management, or pharmacy information.

What do I need to understand to use this right?

You need to understand that:

- You have the right to get or see a copy of your protected health information.
- There may be legal limits on your access to your records. For example, a licensed health care professional can limit your access if she or he thinks giving you the information would endanger your safety or the safety of others.
- Community Health Plan of Washington will respond to this request within 30 days. If we cannot respond within 30 days, we will send you a written notice that it will take longer.

How much will this cost me?

We may charge you a reasonable fee. When a fee applies, we will tell you how much it will be so you can decide if you want to change or cancel your request.

How do I ask for access?

Complete and print the attached form, then mail it to the address provided at the end of the form.

How will I know if my request is processed?

We will send a letter to the address you write on the form.

In certain cases, Community Health Plan of Washington may deny your request. If we deny your request, we will tell you in writing and let you know if and how you can appeal our decision.

How can I get a full notice of my privacy rights?

A full notice of your privacy rights is posted to the Community HealthFirst web site at: [Member rights and privacy page.](#)

You may also request a copy by calling the Community Health Plan of Washington's Customer Service department toll free 1-800-942-0247, 7 days a week, from 8am to 8pm. TTY users please call 7-1-1 (toll free).

Section C: Details of PHI Request

I request the protected health information (PHI) contained in the following records.

Enrollment & Eligibility Information

Date(s) of Enrollment: _____

Details of Request:

Claims Information

Date(s) of Service: _____

Provider(s): _____

Details of Request:

Case or Medical Management Information

Date(s) of Service: _____

Provider(s): _____

Details of Request:

Grievance and Appeals Information

Date(s) of Service: _____

Provider(s): _____

Details of Request:

Other

Please Describe:

Section D: Signature and Date

Member or Representative Name: _____

Member or Representative Signature: _____ Date Signed: _____

Please complete the form and return a copy to:

Community Health Plan of Washington
Attention: Compliance, Privacy and Security Officer
1111 Third Avenue, Suite 400
Seattle, WA 98101
Fax: (206) 521-8834
Email: compliance.officer@chpw.org

Please type or print neatly. We will not process incomplete or illegible forms.