



### Individual Request for Access to PHI

As a member of The Health Plan of West Virginia, Inc. (THP), you have the right to access, inspect and obtain a copy your health information contained in a designated record set.

The designated record set contains information about:

- Your medical records and billing records
- Enrollment, payment, claims adjudication, and case or medical management records
- Other records that are used to make decisions about your care.

THP will act on this request within 30 days of the receipt of this form. We will let you know in writing if we are not able to provide the requested information within this time frame. We will also let you know in writing if we deny your request for access including the reason for the denial.

Member Name:		
Street Address:		
City:	State:	Zip Code:
DOB:	HID#:	
Phone #:	E-mail:	

I am requesting access to (please check one):  View/Inspect Only  Obtain Copies

I would like to do this via (please check one):  Fax  Mail  On-site  Other

Please indicate specifically the information to which you are requesting access. We can also provide you with a summary of your record. Just let us know.	
Please indicate the form or format in which you would like to receive your requested information. If you request a form or format that is not readily available, we will contact you to determine an agreeable format.	

*If you request a copy by email, we cannot guarantee the security of the email transmission.*

Signature	Date
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**FOR THP USE ONLY:**

Date request received by THP: \_\_\_/\_\_\_/\_\_\_

Date information sent to the member: \_\_\_/\_\_\_/\_\_\_

How was the information sent: \_\_\_\_\_

Date of extension letter sent (if applicable): \_\_\_/\_\_\_/\_\_\_

Date denial notice sent (if applicable): \_\_\_/\_\_\_/\_\_\_

Completed form should be uploaded into the member record

