

# Access to PHI in Designated Record Set — Request Form



**Mail to:** Western Health Advantage, Attn: Member Services  
2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

**Secure fax to:** 916.568.0126

**Secure email to:** mywha.org/securemessage — select A Message For: Member Services  
Attach completed form; Include in Subject Line: Access to PHI Request Form

**Questions?:** 916.563.2250, 888.563.2250 toll-free or 888.877.5378 for TDD/TYY

Member Name (First, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ WHA ID \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_ Email \_\_\_\_\_

This form will allow a member to inspect or obtain a copy of Protected Health Information (PHI) in the designated record set, except for certain limited information such as psychotherapy notes, information WHA has compiled in anticipation of or for use in civil, criminal or administrative actions or proceedings, and certain other records exempted under federal privacy regulations.

## Information Requested: (limited to 6 years prior to date of request)

Specific Records from \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

### Enrollment Records

- Application and related documents
- Coverage and dates of eligibility
- Change and termination of coverage documents

### Premium Payment Records

### Claims or Billing Records

- Accumulator
- Claims History, including Pharmacy

Other Personal Information used or maintained by WHA, specifically: \_\_\_\_\_

### Case or Medical Management Records

- Medical Management (e.g. utilization review)
- Appeals and Grievances
- Disease State Management

## Format/Method:

### Inspection

- I prefer to inspect the requested information in person and will arrange for a mutually convenient time to come to the WHA office.

### Copy

- Paper  Electronic (e.g. CD, thumb/flash drive)
- I prefer to have the requested information copied and mailed to:
  - Me, at the address:  on record with WHA or  listed in this request
  - Other (Please specify recipient name and complete address):

Name \_\_\_\_\_

Address \_\_\_\_\_

- I or my personal representative will pick up the copy at the WHA office.

### Summary (Check one)

- I prefer to receive a written summary of the requested information. Please mail to:
  - Me, at the address:  on record with WHA or  listed in this request
  - Other (Please specify recipient name and complete address):

Name \_\_\_\_\_

Address \_\_\_\_\_



**I understand and agree to the following:**

- My request will be processed within thirty (30) days, or I will be informed in writing of the need for an extension of not more than 30 additional days to process the request. WHA will take reasonable efforts to produce the designated record in the form and format I requested. However, if WHA cannot produce the records in the form and format requested, a mutually agreeable alternative will be established.
- If I requested for a copy or summary, I will be responsible for paying a reasonable cost-based fee for supplies, labor, postage and copying and the requested information will be mailed to me via US postal mail at the address indicated above.
- This request for access to information may be denied or reduced and only portions released. If so, I have the right to request a review of this decision by a licensed health care professional that WHA designates, by submitting my request in writing to Member Relations, Western Health Advantage, 2349 Gateway Oaks Dr., Suite 100, Sacramento, CA 95833.
- I may file a complaint concerning my request for access to the Privacy Officer, Western Health Advantage, 2349 Gateway Oaks Dr., Suite 100, Sacramento, CA 95833, or to the US Department of Health & Human Services at 200 Independence Avenue, S.W. Room 509F HHH Bldg., Washington, D.C. 20201
- This request must be accompanied by a copy of a photo ID, unless one is already on file with WHA.

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MEMBER NAME (PRINT)	MEMBER SIGNATURE	DATE
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**Personal Representative**

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NAME (PRINT)	SIGNATURE	DATE
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Please check the box that describes your relationship to the member:

- Parent of Minor     
  Legal guardian     
  Power of Attorney     
  Executor     
  Other

Documentary proof of your relationship/authorization must be attached to this request. If you are requesting the access for a minor 12 years of age or older, federal and state laws may prohibit WHA from acting on your request about information relating to sensitive services without written authorization from the minor.

**WHA Internal Use Only**

Date Request Received \_\_\_\_\_  
 Member Identification Verified \_\_\_\_\_  documents checked  
 Date Request Fulfilled or Denied \_\_\_\_\_

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NAME (PRINT)	MANAGER OR SUPERVISOR SIGNATURE	DATE
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Western Health Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Western Health Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Western Health Advantage:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Member Services Manager.

If you believe that Western Health Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Member Services Manager, 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833, 888.563.2250 or 916.563.2250, 888.877.5378 (TTY), 916.568.0126 (fax), memberservices@westernhealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Member Services Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Website: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Mail: U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Phone: 800.368.1019 or 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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#### **ENGLISH**

If you, or someone you're helping, have questions about Western Health Advantage, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888.563.2250 or TTY 888.877.5378.

#### **SPANISH**

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Western Health Advantage, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888.563.2250, o al TTY 888.877.5378 si tiene dificultades auditivas.

#### **CHINESE**

如果您，或是您正在協助的對象，有關於Western Health Advantage方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話888.563.2250或聽障人士專線(TTY) 888.877.5378。

#### **VIETNAMESE**

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Western Health Advantage, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số 888.563.2250, hoặc gọi đường dây TTY dành cho người khiếm thính tại số 888.877.5378.

#### **TAGALOG**

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Western Health Advantage, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 888.563.2250 o TTY para sa may kapansanan sa pandinig sa 888.877.5378.

**KOREAN**

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Western Health Advantage에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 888.563.2250이나 청각 장애인용 TTY 888.877.5378로 연락하십시오.

**ARMENIAN**

Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի Western Health Advantage-ի մասին, Դուք իրավունք ունեք անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարե՛ք 888.563.2250 համարով կամ TTY 888.877.5378՝ լսողության հետ խնդիրներ ունեցողների համար:

**PERSIAN-FARSI**

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Western Health Advantage (وسترن هلث آدونتیج) داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. لطفاً با شماره تلفن 888.563.2250 تماس بگیرید. افراد ناشنوا می توانند به شماره 888.877.5378 پیام تایپی ارسال کنند.

**RUSSIAN**

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Western Health Advantage, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 888.563.2250 или воспользуйтесь линией TTY для лиц с нарушениями слуха по номеру 888.877.5378.

**JAPANESE**

ご本人様、またはお客様の身の回りの方でも、Western Health Advantageについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、888.563.2250までお電話ください。聴覚障がい者用TTYをご利用の場合は、888.877.5378までお電話ください。

**ARABIC**

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Western Health Advantage، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 888.563.2250، أو برقم الهاتف النصي (TTY) لضعاف السمع 888.877.5378.

**PUNJABI**

ਜੇਕਰ ਤੁਸੀਂ, ਜਾਂ ਜਿਸ ਕਿਸੇ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਦੇ Western Health Advantage ਬਾਰੇ ਸਵਾਲ ਹਨ ਤਾਂ, ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਆਬੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 888.563.2250 'ਤੇ ਜਾਂ ਪੂਰੀ ਤਰ੍ਹਾਂ ਸੁਣਨ ਵਿੱਚ ਅਸਮਰਥ ਟੀਟੀਵਾਈ ਲਈ 888.877.5378 'ਤੇ ਕਾਲ ਕਰੋ।

**CAMBODIAN-MON-KHMER**

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលកំពុងជួយអ្នក មានសំណួរអំពី Western Health Advantage ទេ, អ្នកមានសិទ្ធិទទួលជំនួយនឹងព័ត៌មាននៅក្នុងភាសារបស់អ្នក ដោយមិនអស់ប្រាក់។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទ 888.563.2250 ឬ TTY សម្រាប់អ្នកត្រចៀកច្រន់ តាមលេខ 888.877.5378។

**HMONG**

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Western Health Advantage, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 888.563.2250 los sis TTY rau cov neeg uas tsis hnov lus zoo nyob ntawm 888.877.5378.

**HINDI**

यदि आप, या जिस किसी की आप मदद कर रहे हो, के Western Health Advantage के बारे में प्रश्न हैं तो, आपको अपनी भाषा में मदद तथा जानकारी प्राप्त करने का अधिकार है। दुआशिए के साथ बात करने के लिए, 888.563.2250 पर या पूरी तरह श्रवण में असमर्थ टीटीवाई के लिए 888.877.5378 पर कॉल करो।

**THAI**

หากคุณ หรือคนที่คุณกำลังช่วยเหลือนั้นมีคำถามเกี่ยวกับ Western Health Advantage คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย เพื่อพูดคุยกับล่าม โทร 888.563.2250 หรือใช้ TTY สำหรับคนหูหนวกโดยโทร 888.877.5378