

**REQUEST TO ACCESS AND/OR INSPECT  
PROTECTED HEALTH INFORMATION IN  
A DESIGNATED RECORD SET**



Use this form to request access to or inspection of your protected health information (PHI) in records that we or our business associates maintain in designated record sets.

If you have questions, please call AmeriHealth Caritas VIP Care (HMO-SNP) Member Services at **1-833-535-3767 (TTY 711)**, Monday through Friday, 8 a.m. - 8 p.m., from April 1 to September 30; or seven days a week, 8 a.m. - 8 p.m., from October 1 to March 31.

Member Name:	
Member Address:	
Member Phone Number:	
Member/Health Plan Identification Number:	
Please read the following statements and provide the requested information. You have the right to request access to or inspection of PHI in the designated record set that we or our business associates maintain. We may decline your request if we did not create the records, the records are not part of our designated record set, or the law does not give you the right to access the records. Please tell us which records you want to access or inspect:	
Please provide the dates of the records you want to access or inspect:	
Please tell us the reason(s) you want to access or inspect a copy of the records:	
Please sign and date:	
Signature:	Date:
Personal representative: If you are not the member, please sign and date below. Check the box that describes your relationship to the member. If you are not the parent, please attach proof of your relationship to the member (e.g., legal guardian, power of attorney, personal representative documentation, etc.).	
Print name of personal representative:	
Signature of personal representative:	Date:
<input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Power of attorney <input type="checkbox"/> Executor <input type="checkbox"/> Other:	

Please return this form to:  
AmeriHealth Caritas VIP Care Privacy Office  
3875 West Chester Pike  
Newtown Square, PA 19073  
Y0093\_003\_127907-2\_C

AmeriHealth Caritas VIP Care is an HMO-SNP plan with a Medicare contract and a contract with the Florida Medicaid program. Enrollment in AmeriHealth Caritas VIP Care depends on contract renewal.

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-535-3767 (TTY 711) de lunes a viernes, de 8 a. m. a 8 p. m., del 1 de abril al 30 de septiembre; o los siete días de la semana, de 8 a. m. a 8 p. m., del 1 de octubre al 31 de marzo. La llamada es gratuita.

**ATANSYON:** Si w pale kreyòl, ou ka resevwa sèvis pou ede w nan lang pa w san w pa peye pou sa. Rele nan 1-833-535-3767 (TTY 711) lendi pou vandredi, soti 8 à nan maten rive 8 è diswa, ant 1<sup>ye</sup> avril ak 30 septanm, oswa sèt jou sou sèt, soti 8 è nan maten rive 8 è diswa, ant 1<sup>ye</sup> oktòb ak 31 mas. Apèl la gratis.