

# 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 D-SNP) Member Services at **1-844-964-4433 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

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  
H6341\_001\_127907-2\_C

MED-MLT\_265594900

AmeriHealth Caritas VIP Care is an HMO D-SNP plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to members. 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 1-844-964-4433 (TTY 711) de 8 a.m. a 8 p.m., los siete días de la semana. La llamada es gratuita.

تنويه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجاناً. يُرجى الاتصال بالرقم 1-844-964-4433 (TTY 711)، من 8 صباحاً إلى 8 مساءً، سبعة أيام في الأسبوع. المكالمات مجانية.

**You can also get this information for free in other formats, such as large print, braille, or audio. Call 1-844-964-4433 (TTY 711), 8 a.m. – 8 p.m., seven days a week. The call is free.**



**AmeriHealth Caritas**  
VIP Care®