



## REQUEST FOR ACCESS TO DESIGNATED PROTECTED HEALTH INFORMATION RECORDS

Use this form when you want to see your own health information records that are kept by Neighborhood.

### INSTRUCTIONS

**Section A:** Fill in the member name, address, phone number and Neighborhood ID number.

**Section B:** If you are a member's Personal Representative, please add your name here and attach the proper document (for example, a signed Power of Attorney).

**Section C:** Select the Neighborhood records you would like to receive. You have the right to see the record of your protected health information including enrollment, claims payments, grievance and appeals, and case management records (Neighborhood policies #000051 and # 000655). These records may not include information such as copies of psychotherapy notes, information we have collected for legal use and certain other records.

You can either choose to see all of your records or you can ask for specific records.  
Please include the dates of these records.

**Section D:** Choose how you would like to receive these records (only select one option). You can have paper copies mailed to you or electronic files sent by email. Keep in mind, after records are sent to you, they are no longer protected under privacy laws by Neighborhood. It is up to you to them safe and private. We have the right to charge a small fee to copy your records for you. We will contact you if we cannot give you your records in the format you have asked for.

**Section E:** You MUST sign this document.

**Please return this form to:** Neighborhood Health Plan of Rhode Island  
Attn: Compliance Department  
910 Douglas Pike  
Smithfield, RI 02917

**If you need help with this form please contact  
Neighborhood Member Services:**

Medicaid Plans: 1-800-459-6019 (TTY 711)

Neighborhood INTEGRITY (Medicare-Medicaid Plan): 1-844-812-6896 (TTY 711)

Commercial Plans: 1-855-321-9244 (TTY 711)

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**REQUEST FOR ACCESS TO DESIGNATED PROTECTED HEALTH INFORMATION RECORDS**

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**SECTION A: MEMBER INFORMATION**

*Please fill out:*

NAME		DAYTIME PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	MEMBER ID#

**SECTION B: PERSONAL REPRESENTATIVE**

If you are not the member, please print your name below and then check the box that describes your relationship to the member. **Please attach proof of your relationship to the member (ex. power of attorney, guardianship, etc.).**

Print name of personal representative: \_\_\_\_\_

- Legal guardian:** Attach guardianship documentation, which must have a court's stamp and signature.
- Power of attorney:** Attach power of attorney (must include authorization of the release of health care information)
- Executor:** Attach letter of appointment of executorship, which must have a court's stamp and signature.

**SECTION C: DATE OF RECORDS**

*Choose one:*

- A summary of all records during the following time:

**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

MONTH                      YEAR                      MONTH                      YEAR

- Specific records: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SECTION D: TYPE OF RECORDS (check one)**

- Paper copies mailed to:

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

- Electronic copies sent by secure email:

EMAIL ADDRESS \_\_\_\_\_

**SECTION E: SIGNATURE**

MEMBER/PERSONAL REPRESENTATIVE SIGNATURE

DATE



Neighborhood Health Plan of Rhode Island is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide the benefits of both programs to enrollees.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

**ATENCIÓN:** Si usted habla Español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Llame a Servicios a los Miembros al 1-844-812-6896 (TTY 711), de 8 am a 8 pm, de lunes a viernes, de 8 am a 12 pm los Sábados. En las tardes de los Sábados, domingos y feriados, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratuita.

**ATENÇÃO:** Se fala português, estão disponíveis serviços de assistência linguística gratuitamente. Ligue para os Serviços dos Membros através do número 1-844-812-6896 (TTY 711), das 8h às 20h, de segunda a sexta-feira; e das 8h às 12h, ao sábado, domingos e feriados. Nas tardes de sábado, domingos e feriados, pode ser convidado a deixar uma mensagem. A sua chamada será devolvida no dia útil seguinte. A chamada é gratuita.

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ មានសេវាកម្មជំនួយផ្នែកភាសា  
ដោយមិនគិតថ្លៃសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅសេវាសមាជិកតាមរយៈលេខ 1-844-812-6896 (TTY 711)  
ចាប់ពីម៉ោង 8 ព្រឹកដល់ 8 យប់ថ្ងៃចន្ទ - សុក្រ ម៉ោង 8 ព្រឹកដល់ 12 យប់នៅថ្ងៃសៅរ៍។  
នៅរៀងរាល់រសៀលថ្ងៃសៅរ៍ ថ្ងៃអាទិត្យ និងថ្ងៃឈប់សម្រាក អ្នកអាចត្រូវបានស្នើសុំឱ្យទុកសារ។  
ការហៅរបស់អ្នកនឹងត្រូវបានគេហៅត្រឡប់មកវិញក្នុងថ្ងៃធ្វើការបន្ទាប់។ ការទូរស័ព្ទគឺឥតគិតថ្លៃ។