



## 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 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. Please keep in mind: once records are sent to you, they are no longer protected under privacy laws by Neighborhood. It is up to you to keep these documents safe and confidential.
- 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

Neighborhood Health Plan of Rhode Island complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: ATENCIÓN: Si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-812-6896 (TTY 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-812-6896 (TTY 711).

If you need help with this form please call Neighborhood Member Services at 1-844-812-6896 (TTY 711).

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**SECTION A: MEMBER INFORMATION**

*Please fill out:*

NAME		DAYTIME PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	MEMBER ID#

You have the right to see the Neighborhood record of your protected health information including eligibility, enrollment, payment, claims, appeals and case/medical management records. These records may not include information such as copies of psychotherapy notes, information we have collected for legal use and certain other records.

**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 (*choose one*)

PDF file sent by email: **OR**  CD-ROM sent by US mail to address above

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

*Neighborhood Health Plan of Rhode Island will contact you if we cannot give you your records in the format you have asked for. We reserve the right to charge a small fee to copy your records for you.*

**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 você fala Português, o idioma, os serviços de assistência gratuita, estão disponíveis para você. Os serviços de chamada em 1-844-812-6896 (TTY 711), 8 am a 8 pm, de segunda a sexta-feira; 8 am a 12 pm no sábado. Nas tardes de sábado, domingos e feriados, você pode ser convidado a deixar uma mensagem. A sua chamada será devolvido no próximo dia útil. A ligação é gratuita.