

West Virginia Department of Health and Human Resources
Bureau for Medical Services
350 Capitol Street – Room 251 – Charleston, WV 25301-3709

Request for Access to Protected Health Information

Notice to Medicaid Recipient or Legal Representative: *No fax of this form will be accepted; signature must be original.*

Your request for access to your protected health information (PHI) is only applicable to the information maintained by the State of West Virginia Bureau for Medical Services (Medicaid). If you would like to access to your PHI maintained by any other Health Plan or Health Care Provider, a separate request must be submitted to that plan or provider. The State of West Virginia Bureau for Medical Services will not be responsible for any incidental disclosure of the PHI once released to the recipient or a legal or authorized representative of the recipient. A response to your request will be mailed to your address of record within thirty (30) days of the receipt of this fully and accurately completed request form by the State of West Virginia, Bureau for Medical Services Privacy Officer.

Recipient's Name: First: _____ Middle: _____ Last: _____

Date of Birth: _____ *Medicaid ID:* _____ *Home Phone:* _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Requestor's Name (if other than patient):

First: _____ *Middle:* _____ *Last:* _____

****Title/Relationship (if other than recipient):** _____ **Phone:** _____

A. Description of PHI you are requesting (check one):

Recipient History Profile Report: Date span: From _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Other (Please describe): _____

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Address that you wish to have the PHI mailed to:

Mail this original completed form to:

*Bureau for Medical Services
Attention: Privacy Officer
350 Capitol Street, Room 251
Charleston, WV 25301-3709*

Signature (must be in ink other than black)

Date

***If submitting this request on behalf of a Medicaid recipient for whom you are a legal representative, the State of West Virginia, Bureau for Medical Services will require substantiating documentation prior to the release of any PHI.*

IMPORTANT: After completing this form, **make a copy for your records**