Individual Request for Access to PHI

As a member of The Health Plan of West Virginia, Inc. (THP), you have the right to access, inspect and obtain a copy your health information that is contained in a designated record set.

A designated record set contains medical records and billing records; enrollment, payment, and claims adjudication records; and case or medical management records used to make decisions about your care.

THP will act on this request within 30 days of the receipt of this form. We will let you know in writing if we are not able to provide the requested information within this time frame. We will also let you know in writing if we deny your request for access including the reason for the denial.

Information Requested	**Time Period**
_____	from _____ to _____
_____	from _____ to _____
_____	from _____ to _____

Please check your preferred method of meeting this request:

☐ Mail to the address below.

☐ Request an in-person inspection of the information at a THP facility.

☐ Send by email to my email address *(we cannot guarantee the security of the email transmission)*.

☐ Please provide information to a third-party.

Name and address of third-party:

Please indicate if a specific form or format is requested: _____

Please print the following information:

Member Name:		
Address:		
City:	State:	Zip Code:
Date of Birth:	Plan ID Number:	
Phone Number:	Email Address:	
Member Signature:		Date:
Legal Representative Signature: *(if applicable)*		Date:
Relationship to Member:		

Completed form should be uploaded into the member record.