

Member Request for Protected Health Information



This form is for use by members to request their own protected health information from Tufts Health Plan.* All fields are required. Incorrect forms will be returned.

Member Name:	Member ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Member Address:	
Member City/State/Zip:	
Member Date of Birth:	Member Phone #:

Please specify what information you are requesting Tufts Health Plan to provide you a copy of, as defined by the HIPAA Privacy Rule, 45 CFR 164.501:

ALL my Designated Record

Date Range of Data Requested ____/____/____ to ____/____/____

For the purpose of this request, a Designated Record Set includes:

- Enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for Tufts Health Plan; or
- Other records that are used, in whole or in part, by or for Tufts Health Plan, to make decisions about individuals.

The term "record" means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for Tufts Health Plan.

Confirm how you would like to receive this information:

Mail In person (Pick up)

Secure email* (*list email address*): _____

* Please note that depending on the volume of your records, we may not be able to provide you this information in an email. If that occurs, we will mail your information to the address on record unless you specify an alternate address below.

Report will be mailed to the address on record, unless otherwise specified by providing an address below:

Address:	
City, State, Zip Code	

* For purposes of this Authorization, Tufts Health Plan includes Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., HPHC Insurance Company, Inc., Harvard Pilgrim Group Health Plan, Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, CarePartners of Connecticut, Inc., and Tufts Associated Health Plans, Inc., and all of their present and future affiliates. This Authorization also applies to vendors acting on behalf of the above-named entities.

Member Request for Protected Health Information



Please Note:

- You do not have the right to access the following information:
 - Psychotherapy notes
 - Disclosures information compiled in a reasonable anticipation of, or for use in, a civil, criminal, or administrative action, or proceeding
- Tufts Health Plan will process your request within 30 days. If Tufts Health Plan is unable to process your request by the 30 day time frame, we may extend the time for no more than 30 days. You will receive a written statement of reasons of the delay and the date by which Tufts Health Plan will send the information you requested.
- Tufts Health Plan may impose reasonable and cost-based fees for copying and delivering the designated record set. Fees will only be charged to you for the following:
 - Copying, including the cost of supplies and labor, the designated record set
 - Postage, when you requested the designated record set be mailed
 - Preparing an explanation or summary of the PHI

Signature: I have read and understand the above information. I represent that the signature below is my own and that I am legally authorized to sign this document.

Member, Parent, or Personal Representative* Signature

Print Name

Date

Relationship, if signed by other than Member: _____

* If not already provided, please attach legal documentation verifying personal representation. We will require verification of the authority of a Personal Representative before this request will be considered complete.

Please Return this Completed Form and Supporting Documentation:

Fax this form

(and documentation, if applicable)

to: 1-617-673-0427

Or mail to: Tufts Health Plan
Privacy Office
1 Wellness Way
Canton, MA 02021-1166

If you have questions about this form, contact the Tufts Health Plan Privacy Office at 800.208.9549 (TTD: 711)

Tufts Health Plan Policy in Response to Member Requests for Protected Health Information (PHI)

A. Response Time

For information stored on-site, Tufts Health Plan will respond to the request for access within 30 calendar days.

For information that is stored off-site, Tufts Health Plan will respond to the request within 60 calendar days.

B. Approval of Access

If access to the designated record set is granted in whole or in part, Tufts Health Plan will do the following:

- Provide access to and/or copies of the designated record set. (If the same PHI that is the subject of the request is maintained in more than one location, Tufts Health Plan will only provide access to or a copy of one.)
- Provide the designated record set in the form requested by the member and agreed to by Tufts Health Plan.
- If applicable, arrange with the member a convenient time and place to inspect and/or obtain a copy of the designated record set.

C. Denial of Access

Tufts Health Plan may deny, in whole or in part, requests to access the designated record set. Where access is denied in part, Tufts Health Plan will provide access to any other information requested after excluding the denied part of the designated record set.

Access to PHI will be denied when the request is for one or all of the following:

- Psychotherapy notes
- PHI was compiled in reasonable anticipation of, or for use in, civil, criminal, or administrative action or proceeding
- A licensed professional determined that the access requested is reasonably likely to endanger the life of physical safety of the individual, a personal representative, or another person

If Tufts Health Plan were to deny an individual access, the individual will be provided a timely written denial. The individual will be given a right to have a denial reviewed by a licensed health care professional.