Request for Access to Private Information Form

Instructions: To request access to your private information (PI) held by Braven Health and its business associates, please complete the information below, sign in the space provided and return to: **Braven Health, Attn: HIPAA Team, P.O. Box 1458, Newark, New Jersey 07101-1458 or via fax at 1-973-274-2358.** (One form per member.)

Member Information (please print)

Name: ____

Subscriber Identification #: ______________________________ Date of Birth: _____ / _____ / _________
MM DD YYYY

Address: ____

City: ______________________________ State: ________ ZIP: ___________

Telephone #: _______ - _______ - ____________

I hereby request, in accordance with my privacy rights, to inspect and/or copy private information contained in my Braven Health records as listed below.

Please specify the information requested: ____

____

or select from the list below:

MEDICAL	DENTAL	MENTAL HEALTH/SUBSTANCE ABUSE
☐ Enrollment Records	☐ Enrollment Records	☐ Enrollment Records
☐ Claims Payment Records	☐ Claims Payment Records	☐ Claims Payment Records
☐ Case Management Records	☐ Case Management Records	☐ Case Management Records
☐ Utilization Management Records	☐ Utilization Management Records	☐ Utilization Management Records

(e.g., authorization request records, appeals request records)

For what dates of service are you seeking these records? From: _____ / _____ / _______ To: _____ / _____ / _______
MM DD YYYY MM DD YYYY

Unless otherwise specified, these records will be delivered via US Mail. If you request delivery in a different format (for example, via email) please describe: ____

☐ I request that the records described on this form be mailed to a different person and/or address indicated below:

Name: ____

Address: ____

City: ______________________________ State: ________ ZIP: ___________

*Signature of Requestor: ______________________________ Date: _____ / _____ / _________
MM DD YYYY

Print Name: ____

If you are not the member or his/her personal representative, you must submit legal documentation showing that you have the authority to make this request (e.g., power of attorney documents).

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