

# Member Request to Access or Share Health Information

Member information:		
Name:	Date of birth:	
Address:		
City:	State:	ZIP:
Email:	Phone:	
Who do you want to receive your information?		
Please share my records with: <input type="checkbox"/> Myself at the contact information above <input type="checkbox"/> The person or entity listed below		
Name:	Email:	
Address:		
City:	State:	ZIP:
What information do you want shared?		
<input type="checkbox"/> Case management notes	<input type="checkbox"/> Claims information	
<input type="checkbox"/> Appeal and/or grievance information	<input type="checkbox"/> Prior authorization	
<input type="checkbox"/> Eligibility data	<input type="checkbox"/> Other (please describe): _____	
Date range of information: <input type="checkbox"/> From _____ to _____ <input type="checkbox"/> All dates		
How do you want the information shared?		
Please send my information via:		
<input type="checkbox"/> Mail (paper)	<input type="checkbox"/> Email	<input type="checkbox"/> CD <input type="checkbox"/> Fax
<input type="checkbox"/> Other (please specify): _____		

**Signature:**

*The member's signature is required. If the member is a minor or is incapable of signing the authorization, a personal representative may be able to sign on the member's behalf. Legal documentation showing the authority of the personal representative may be required. Examples of acceptable documentation include: Health care power of attorney, death certificate, or court order. Supporting documentation can be sent to Customer Service at the contact information below.*

Member signature:

Date:

Personal representative signature:  
*(if signing on behalf of member)*

Date:

Representative name:  
*(please print)*

Relation to member:

**Fax completed form to 541-768-6701 or**

**Mail completed form to:**

**SHP/IHN-CCO**

**Attn: Customer Service**

**PO Box 1310**

**Corvallis, OR 97339**

## **Questions?**

If you have any questions about this form, please call Customer Service at:

### **Samaritan Advantage Health Plan**

541-768-4550 or 800-832-4580 (TTY 800-735-2900)

- Oct. 1 through March. 31: Daily from 8 a.m. to 8 p.m.
- April 1 through Sept. 30: Monday through Friday from 8 a.m. to 8 p.m.

### **All other Samaritan Health Plans (SHP) and InterCommunity Health Network CCO (IHN-CCO)**

541-768-4550 or 800-832-4580 (TTY 800-735-2900)

Monday through Friday from 8 a.m. to 8 p.m.

*\* Note: Some information cannot be made available via MyHealthPlan. If that is the case for your request, we will contact you to make other arrangements to provide you with a copy of your information.*