



Access to your records

PLEASE COMPLETE THIS FORM TO GET A COPY OF YOUR RECORDS

P.O. Box 4327, Portland, OR 97208-4327

MEMBER INFORMATION

Name: _____ ID #: _____
Address: _____

Date of Birth: _____ Phone number: (____) _____

RECORD TYPE(S)

Which records or types of information would you like copies of?

- _____ Health plan enrollment and eligibility records.
- _____ Claims records for your services and treatments.
- _____ Records used by us to decide whether or not to approve an authorization request.
- _____ Records that the health plan has mailed to you in the past.

RECORD DETAILS

Are there any details or limits to the records you would like?

- _____ Records from between dates _____ and _____.
- _____ Records related to a claim:

- _____ Records related to a doctor:

- _____

[Type here]

Non-discrimination Statement

Providence Health Assurance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Providence Health Assurance does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Providence Health Assurance:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, you can call us at 1-800-898-8174 (TTY: 711).

If you believe that Providence Health Assurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Non-discrimination Coordinator by mail:

Providence Health Assurance
Attn: Non-discrimination Coordinator
PO Box 4158
Portland, OR 97208-4158

If you need help filing a grievance, call us at 1-800-898-8174 (TTY:711) for assistance.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW - Room 509F HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

