



## Member Request for Access to Protected Health Information

You have the right to request access to your Protected Health Information (PHI) maintained by Magellan Health, Inc. (Magellan) in our designated record set. The following information is excluded from access:

- Information meeting the definition of Psychotherapy Notes;
- Information compiled by Magellan in reasonable anticipation of, or for use in, a civil, criminal, or administrative proceeding;
- Information obtained from someone else and if providing you the access you requested would be reasonably likely to violate that person’s confidentiality, by revealing the source; and,
- Information that a licensed health care professional has, in the exercise of professional judgment, determined that access you have requested is reasonably likely to: endanger the life or physical safety of you or another person, cause substantial harm to another person referenced in your record, or cause substantial harm to the you or another person.

Please print or type all information other than signature.

MEMBER INFORMATION (Information About Person Whose Records are Being Requested)	
Full Name	Member ID #
Address	Birth Date
Phone Number	Customer Name
WHAT INFORMATION ARE YOU REQUESTING?	
NAME & ADDRESS OF INDIVIDUAL RECEIVING REQUESTED INFORMATION	
Name	Address
SIGNATURE	
_____	_____
Member Signature	Date
_____	_____
Personal Representative Signature (if required)	Date
If signed by personal representative, describe authority to act for member (please attach any relevant documentation):	
In general, parents of a minor child who have the authority to make health care decisions on behalf of the minor are considered the minor’s personal representatives unless the child is permitted to seek treatment without parental consent under your state law.	
RETURN COMPLETED FORM TO:	