



# Protected Health Information (PHI) Access Request

**Protected Health Information (PHI) means information about your health. This form must be completed and signed to process this request.**

## 1. Who is the Medicaid Member?

First name	Last name	Middle initial
Member ID number	Birth date (MM/DD/YYYY)	Phone number
Street		
City, state, ZIP code		

## 2. Description of a PHI Report

Once we get this signed request form, we will provide you with a PHI Report. The report will have the last 24 months of PHI data that we have. If you want PHI for different dates, fill in the dates below.

From: \_\_\_\_\_ To: \_\_\_\_\_

If you have Long Term Care (LTC) benefits and want that information, check the correct box below.

I want the report to include LTC information       I only want LTC information in the report.

## 3. Where do you want this PHI Report to be sent?

Who is receiving this PHI Report? <input type="checkbox"/> Member <input type="checkbox"/> Member's Legal Representative <input type="checkbox"/> Member's Natural or Adoptive Parent
Print name of recipient
Recipient's street
City, state, ZIP code



## Nondiscrimination Notice

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

### Mercy Care:

- Provides no-cost 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 no-cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104 (TTY:711)**.

If you believe that Mercy Care 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 Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator  
4500 East Cotton Center Boulevard Phoenix,  
AZ 85040  
Telephone: **1-888-234-7358 (TTY 711)**  
Email: **MedicaidCRCoordinator@MercyCareAZ.org**

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

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, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

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

MC-1449

---

“Mercy Care” also includes Mercy Care’s subsidiaries, affiliates, employees, agents and subcontractors.

GR-69238-8 (7-21) MC

