



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. Certain information is excluded from access, including:

- 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, if providing you the access you requested would be reasonably likely to violate that person's confidentiality, by revealing the source.
- 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 (first/mid/last) _____	Telephone Number _____
Member ID # _____	Birth date _____
Full Address _____	Customer Name _____

WHO IS THE MEMBER DESIGNATING TO RECEIVE A COPY OF THE INFORMATION? (please complete this section if the member is directing Magellan to send a copy to a designated third party)

The information should be sent to:

Name _____	Phone Number _____
Street Address _____	City, State and Zip Code _____

WHAT INFORMATION ARE YOU REQUESTING?

SIGNATURE:

_____		OR		_____	
<i>Signature of member</i>	<i>Date</i>	<i>Personal Representative (if required)</i>		<i>Date</i>	

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 this completed form to:

Magellan of Wyoming wyominginfo@magellanhealth.com
 PO Box 1963
 Evanston WY 82931