



### HIPAA Privacy Request

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Member Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City, State

Zip

Are you the member?  Yes  No.

**If "No", please tell us who you are:**

- The member's mother, father, guardian, etc. **Which one are you:** \_\_\_\_\_
- I make health decisions for the member
- The member died and I take care of the assets

**Please let us know what you are requesting**

- A copy of the Care1st Privacy Practices
- A copy of the member records
- I want to change something in the member records
- I want a list of the organizations that get member records from Care1st.
- I want to limit how Care1st uses and gives out member records
- I want to make a privacy complaint

**Please tell us what you want and why. Please provide details (for example: name of providers, dates of services, etc.).**

Can you pay any fees:  Yes  No

Will giving out member records put you, or anyone else in danger?  Yes  No.

How do you want to get your response:

- I want you to mail the information to me at the address listed above.
- I want you to mail me the information at the following address:

I am the person listed above and I have the legal right to get records for the member listed above:

Requestors Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please send this form to:  
 Care1st Health Plan Arizona  
 Attention: Compliance Officer  
 2355 East Camelback Road  
 Suite 300  
 Phoenix, AZ 85016**

Please contact Care1st Health Plan Arizona at 1-866-560-4042 if you have any questions or comments.

*Note: In accordance with HIPAA Administrative Simplification Regulation § 164.526 Amendment of protected health information, Care1st may deny an individual's request for amendment, if it determines that the protected health information or record that is the subject of the request: (i) Was not created by the covered entity, unless the individual provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment; (ii) Is not part of the designated record set; (iii) Would not be available for inspection under §164.524; or (iv) Is accurate and complete.*