

To request a copy of your records or records of a person you represent:

If you are requesting another person's record and are not their legally authorized representative*, please call 1-800-495-0086 and request an Authorization to Release Confidential Information form. Return form to:

MBHP Quality Management/Ombudsperson
200 State Street, Suite 305
Boston, MA 02109
Fax: 1-877-335-5452 or email:
ombuds@carelon.com

Section 1: Identify the Person Whose Records Are Being Requested

Name: _____

Member ID#: _____ DOB: ____ / ____ / ____

Section 2: Identify the Records You Are Requesting (Select One)

If you are not sure what records to request, please provide information about what the records will be used for. Call 1-800-495-0086 and ask for assistance in completing this form.

_____ **All** records or all records for dates between _____ and _____

_____ Only the following types of records (check all that

_____ Claims (Explanation of Benefits)

_____ Records related to approval or denial of services (also called medical necessity review or authorization of services)

_____ Records related to appeal decisions

_____ Eligibility or enrolment status

_____ Other (please describe): _____

Please indicate whether you want to limit the request by a date span, provider, type of service type, etc.:

Section 3: Identify Where You Are Requesting the Information Be Sent

The information will be mailed to you at the address below, unless you request an alternate means of receipt.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If the request is fewer than 20 pages, we will fax the information upon request:

Yes, please fax the information to the following number: (_____) _____

Attn: _____

Section 4: Alternative Means

Alternate means of receiving the information (if applicable):

Section 5: Requests to Send Your Records to Another Person

You may also designate a different person to receive the information by signing the statement below.

I understand the information in my record may contain **mental health and/or substance use disorder** information and request that MBHP send my records to the person I have designated below.

*(Member/legally authorized representative**

Recipient: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If the request is fewer than 20 pages, we will fax the information upon request:

Yes, please fax the information to the following number: _____ Attn: _____

Section 6: Signature and Date of Request

Signature of requestor*:

Date of request: _____

Phone number: (____) _____

** If you are signing as a Legally Authorized Representative, attach a copy of the appropriate legal document(s) granting you the authority to do so. You do not have to attach copies of documents if you already have those documents on file with MBHP.*

My legal documents granting me authority to act on the individual's behalf are already on

Yes Initials: _____

Frequently Asked Questions

Who is the individual or Member?

This is the person who is the subject of the protected health information that is being requested.

What is the Member Identification Number?

This is the number assigned to an individual by a health plan; sometimes it is the individual's social security number.

What is a Legally Authorized Representative?

This is someone with the legal authority to act on an individual's behalf to make decisions about that person's healthcare. Parents may be authorized representatives for minors, except for those minors who have been given the legal freedom to act on their own. Authorized representatives may include guardians, conservators, and other persons who have been given legal responsibility for another individual. Federal law, state law, and the specific terms of the appointment determine the authority granted to the authorized representative.

If you are requesting information about someone other than yourself, we require proof of your authority to request this information. If you are a custodial parent of a minor and covered under the same benefit plan, we will refer to the specific laws in the state where the minor resides to determine whether we can accept substituted consent for the minor non-custodial parents, guardians, or other persons authorized by court orders must include a copy of the power of attorney document.

What is a Designated Record Set?

This is the information in the enrollment, claims adjudication, and utilization management systems that is used to make a decision regarding the healthcare treatment of an individual.

Does MBHP have to give me everything in my record?

No. In accordance with federal regulations that protect the confidentiality of healthcare information, MBHP has established guidelines for releasing information. In certain circumstances, our decision not to release information can be appealed.

Individuals are not allowed access to or copies of the following types of information. The denial is not subject to appeal:

- Psychotherapy notes
- Information compiled in anticipation of or use in civil, criminal, or administrative action or proceeding;

MBHP may deny an individual access to or copies of the following type of health information without providing an opportunity for appeal:

- Health information obtained from someone other than a healthcare provider under the promise of confidentiality and access would likely reveal the source of information; and
- Health information created or maintained by MBHP in the course of treatment-related research, and access is suspended for as long as the research is in progress, provided that the individual has agreed to the temporary denial of access when consenting to participate in the research.

In the following circumstances, MBHP may deny an individual access to their health information, but must also provide an opportunity to appeal the denial:

- A licensed healthcare professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger life or physical safety of the requestor or another person.
- The information makes reference to another person, and a licensed healthcare professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.
- The request for access is made by the individual's authorized representative, and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to such authorized representative is reasonably likely to cause substantial harm to the individual.

MBHP complies with applicable federal civil rights laws and does not discriminate, exclude, or treat people differently because of race, color, national origin, ancestry, age, disability, religious creed, sex, sexual orientation, gender identity, gender stereotyping, genetic information, or veteran status. MBHP's notice of non-discrimination can be found at <http://www.masspartnership.com/member/NonDiscriminationNotice.aspx>.

You can get this information in other languages and other formats, such as large print or Braille.

Call us at 1-800-495-0086 from Monday to Thursday, 8 a.m. to 5 p.m. and Friday 9:30 a.m. to 5 p.m. The call is free! Call TTY 1-877-509-6981 if you are deaf, hard of hearing, or speech impaired.

Tenemos información en español. Servicio de intérpretes gratis!