



REQUEST FOR ACCESS TO RECORDS

Use this form if you would like to inspect or receive a copy of information Trillium maintains about you. This form must be completed and signed in order for Trillium to process your request.

Patient Name: _____ Date of Birth: ___/___/___ Phone #:(____)_____

Mailing Address: _____

Member ID#: _____

Description of Records Requested. Please check the appropriate boxes that describe the type of Trillium-generated records you are requesting.

- Enrollment records
- Case or medical management records
- Customer service records
- Claims, billing and explanation of benefits (EOB) information relating to the following date of service and/or medical condition:

- Other (please specify)

Scope of Request. Please let us know if you want to inspect your records, copy your records, or both.

- I would like to inspect the records.
- I would like to have the requested information copied and mailed to me.
- I would like to receive a written summary of the requested information, instead of the complete records.

I hereby request a copy of my health information from Trillium. I understand Trillium will provide a response to this request within thirty (30) days. I understand there is a charge of \$15.00 for materials provided. I further understand that Trillium may or may not approve this request. If I am denied, I may be able to have my request reviewed.

Please sign and date:

Member or Representative's signature

Date

Printed Name of Representative

Relationship to Member

**Please mail to Trillium at P.O. Box 11756, Eugene, OR 97440-3956 or fax to 541-434-1291.
If you have questions, contact Trillium's Privacy Officer at 541-762-9086 or
toll-free 1-800-910-3906, TTY 1-866-234-4578.**