

## Request for Access to Health Care Information

This form will allow me, as a Cigna-HealthSpring customer to request access to Protected Health Information (PHI) about me that Cigna-HealthSpring maintains, that was created or received by Cigna-HealthSpring during my membership in the program, and that is used to make decisions about my benefits.

### VERIFICATION – (Please print)

#### Identification of customer requesting PHI:

(The following information is needed for verification. Please complete all applicable items.)

Name of customer: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Phone number where we can reach you if we need to contact you to process your request (required): \_\_\_\_\_

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

Medicare ID #: \_\_\_\_\_ Customer ID card # (if applicable): \_\_\_\_\_

### REQUEST

Information requested from records maintained by Cigna-HealthSpring.

- Medical records       Billing records
- Adjudicated (processed) claims: This is a summary of claims paid or denied. (This does not include information on claims received but not yet processed – if you would like the status of those claims you may call Customer Service at the toll-free number listed on your Cigna-HealthSpring ID card.)
- Enrollment or eligibility information that Cigna-HealthSpring has received from the customer. (This includes information such as name, address, phone number, Medicare ID number, etc.)
- Other information (please describe) \_\_\_\_\_

Most information is maintained and will be provided for a 24 month period. It may not be possible to provide information beyond that period.

**PLEASE NOTE**

- If the information on this form is not complete, Cigna-HealthSpring will return the form to you, and this request will not be considered until Cigna-HealthSpring receives complete information.
- You may not be entitled to receive all of your PHI, and will not receive information such as psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding.

**SIGNATURE**

I have read and understand the above information. Date: \_\_\_\_\_

Signature of customer, parent/guardian, other person legally authorized to act on behalf of the customer:

Relationship if signed by other than customer: \_\_\_\_\_

Note that, if not already provided, we will require verification of the authority of another person to act on behalf of the customer before this request will be considered complete.

If customer is unable to give consent because of age, complete the following: Customer is a minor \_\_\_\_\_ years of age. If you are making this request on behalf of a minor child, we may require additional information before this request is considered complete.

**COMPLETED FORM MAILING ADDRESSES**

Please send your completed form to your plan’s corresponding address below:

<b>Arizona – Medicare Advantage Plan</b>	<b>Cigna-HealthSpring Rx (PDP) Plan</b>	<b>Cigna-HealthSpring Medicare Advantage Plan</b>
Cigna Central HIPAA Unit PO Box 188014 Chattanooga, TN 37422	Cigna Medicare Services PO Box 269005 Weston, FL 33326-9927	Cigna-HealthSpring Membership Admin. Services P.O. Box 20002 Nashville, TN 37202
1-800-627-7534 (TTY 711) 8 am - 8 pm, 7 days a week	1-800-222-6700 (TTY 711) 8 am - 8 pm, 7 days a week	1-800-668-3813 (TTY 711) 8 am - 8 pm, 7 days a week

**Please maintain a copy of this form for your records.**

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Tennessee, Inc., HealthSpring of Alabama, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.