

HIPAA Request for Access to Individually Identifiable Health Information/Diagnosis and Treatment Code Information

This form allows me to request access to Protected Health Information (PHI) about me that Cigna Healthcare, Global Health Benefits maintains and that was created or received by Cigna Healthcare, Global Health Benefits during the time of my employment with the employer identified below. This form may also be used to request additional information about diagnosis and treatment codes. Identification of customer/participant requesting Access. The following information is needed for verification.

Name of Member/Participant Requesting Access	Date of Birth	Customer ID Number
Subscriber Name (if different from Member)		Subscriber's Relationship to Customer
Subscriber's Employer Name		Subscriber Customer Number
Telephone Number	Email Address	

Address for Cigna Healthcare to send requested information:

Information Requested from Records Maintained by Cigna Healthcare, Global Health Benefits:

I request the information checked below for my Cigna Healthcare, Global Health Benefits Medical benefits.

- ☐ 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 Contact Center at the toll-free number listed on your or the Subscriber's Cigna Healthcare, Global Health Benefits ID Card.)
- ☐ Enrollment or eligibility information that Cigna Healthcare, Global Health Benefits has received from the Subscriber's employer or from the Subscriber/Customer. (This includes information such as name, address, phone number, SSN, etc.)
- ☐ Case management and medical utilization management information (CM/MM).
- ☐ 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 Complete Next Page

Diagnosis and Treatment Code Information:

You are encouraged to contact your Health Care Professional as the person responsible for providing Cigna Healthcare with this information for their interpretation of this information and its relevance to your health.

Your Request: Check the box(es) next to the information you want. Provide the names of the health care professional(s), their address(es) and the date(s) of the service or treatment. Please note that this information is generally available only for two years (24 months) after the date of the treatment or service. We may be able to retrieve older information in our archived files, but that will take additional time.

- ☐ Diagnosis Codes (and their standard definitions)
☐ Treatment Codes (and their standard definitions)

Health Care Professional(s) who provided the service or treatment

Date(s) of service

Name(s) _____	First date of treatment _____
Address(es) _____	Last date of treatment _____
Name(s) _____	First date of treatment _____
Address(es) _____	Last date of treatment _____

Please Note

If the information on this form is not complete, Cigna Healthcare, Global Health Benefits will return the form to you, and this request will not be considered until we receive 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:

(Print name) _____ Date: _____

Signature of Customer, Parent/Guardian, Personal Representative if available: _____

Relationship if signed by other than Customer: _____

Note that if not already provided, we will require verification of the authority of a Personal Representative before this request will be considered complete, including furnishing a copy of the health care power of attorney or other relevant document. If request is made by a Parent/Guardian, 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.

Please complete and return this form to the following address:

Privacy Office
Cigna Healthcare, Global Health Benefits
300 Bellevue Parkway
Wilmington, Delaware 19809



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