



# Request for Access to Private Information Form

**Instructions:** To request access to your private information (PI) held by Braven Health and its business associates, please complete the information below, sign in the space provided and return to: **Braven Health, Attn: HIPAA Team, P.O. Box 1458, Newark, New Jersey 07101-1458 or via fax at 1-973-274-2358.** (One form per member.)

**Member Information (please print)**

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

Subscriber Identification #: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby request, in accordance with my privacy rights, to inspect and/or copy private information contained in my Braven Health records as listed below.

Please specify the information requested: \_\_\_\_\_

or select from the list below:

**MEDICAL**

**DENTAL**

**MENTAL HEALTH/SUBSTANCE ABUSE**

Enrollment Records

Enrollment Records

Enrollment Records

Claims Payment Records

Claims Payment Records

Claims Payment Records

Case Management Records

Case Management Records

Case Management Records

Utilization Management Records

Utilization Management Records

Utilization Management Records

(e.g., authorization request records, appeals request records)

For what dates of service are you seeking these records? From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY MM DD YYYY

**Unless otherwise specified, these records will be delivered via US Mail. If you request delivery in a different format (for example, via email) please describe:** \_\_\_\_\_

I request that the records described on this form be mailed to a different person and/or address indicated below:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Print Name: \_\_\_\_\_

***\*If you are not the member or his/her personal representative, you must submit legal documentation showing that you have the authority to make this request (e.g., power of attorney documents).***