

Record Request Form



Notice To Members

- You have the right, with limited exceptions, to look at or get copies of your Protected Health Information (PHI) contained in a designated record set. To get copies of your PHI, complete this form and mail or fax to the address below.
- You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so.
- If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such review or if the denial cannot be reviewed.
- Mail completed form to:
Coordinated Care, ATTN: Compliance Department
1145 Broadway, Suite 700
Tacoma, WA 98402
Fax: 1-877-644-4602 | Member Services: 1-877-644-4613 (TTY: 711)

Member Information (print):

Member Name: _____ Member Date of Birth: ____/____/____

Member Address: _____
(Address must be what Coordinated Care has on file)

Member ID Number: _____ Member Phone Number: _____

Records Requested:

List the types of records:

- | | |
|----------|----------|
| a. _____ | f. _____ |
| b. _____ | g. _____ |
| c. _____ | h. _____ |
| d. _____ | i. _____ |
| e. _____ | j. _____ |

Send Records To

Select the methods by which you would like to receive records:

Mail

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax

Fax Number: _____

Email

Email Address: _____

Signature of Member or Member's Personal Representative

Date

Printed Name of Member's Personal Representative

Relationship to Member or *Personal Representative

*Personal Representatives -- please include a copy of your legal authorization to represent the member (such as power of attorney or order of guardianship). This form will not be processed without supporting documentation.

**Washington Apple Health and Apple Health Foster Care plans issued by Coordinated Care of Washington, Inc.
Ambetter plan issued by Coordinated Care Corporation**