



## Request to Access Protected Health Information (“PHI”) Form.

You have the right to inspect your protected health information (“PHI”) in records, which SCAN Health Plan, SCAN Desert Health Plan, Inc., SCAN Health Plan Nevada, Inc., SCAN Health Plan Texas, Inc., and SCAN Health Plan New Mexico, collectively referenced in this form as (“SCAN”) creates or maintains. You also have the right to request copies of those records. If you want copies of your records mailed, please complete and sign this form. Then, you can email it to [memberservices@scanhealthplan.com](mailto:memberservices@scanhealthplan.com), fax it to 562-989-5181, or mail it to SCAN Health Plan 3800 Kilroy Airport Way, Suite 100, Long Beach, CA 90806. California members can drop it off in the lobby with no appointment necessary M – F 8am-5pm.

MEMBER INFORMATION		
DATE OF REQUEST:	MEMBER FULL NAME:	INQUIRY ID:
MEMBER ID NUMBER:	DATE OF BIRTH:	
ADDRESS:	CITY/ STATE:	ZIP CODE:
PHONE #:	BEST CONTACT HOURS:	

### What type of information?

☐ Enrollment/disenrollment information

☐ Premium billing history

☐ Claim history

☐ Other

☐ (specify): Prescription history

### For information covering which dates of service?

From \_\_\_\_\_ through \_\_\_\_\_

### How would you like to receive this information?

☐ U.S. Mail (please clearly print your mailing address in the space below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



☐ Pick up the information in person at the SCAN offices at 3800 Kilroy Airport Way, Suite 100, Long Beach, CA 90806. To pick up your information in person, you must coordinate with Member Services. You can call SCAN Member Services at the number in the back of your ID to arrange pick up of records with Member Services.

☐ Secure Email (please clearly print your email address in the space below):

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☐ Fax (please clearly print your fax number in the space below):

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Member or legal representative signature

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Date

*If signed by the member's legal representative, please print the representative's name and describe the relationship to the patient. Please also provide a copy of the power of attorney or other appropriate documentation supporting the legal relationship with this request.*

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Legal representative (print name)

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Relationship

? If you have questions, please call SCAN Member Services at the number in the back of your ID card.