



Privacy Request Form

To request member information from Mercy Care Plan/Mercy Care Advantage, please check one or more of the boxes below.

- Receive copy of privacy practices.
Receive member records.
Change something in member records.
Receive list of organizations to whom Mercy Care Plan/Mercy Care Advantage gives out member records.
Limit how Mercy Care Plan/Mercy Care Advantage uses and gives out member records.
Receive member records in a safe and private way.
Make a privacy complaint.

Member Name: Member Date of Birth: Mercy Care ID #:

Address: Street City, State Zip Phone: ()

Are you the member? Yes No If NO, tell Mercy Care Plan/Mercy Care Advantage who you are by checking one of the boxes below. Please give Mercy Care Plan/Mercy Care Advantage copies of papers that show you have the right to make this request.

- I am the member's Dad/Mom or guardian.
I make health care decisions for the member.
The member has died, and I take care of his or her assets.
Other (explain)

Name of Requestor (if not member): Date of Request:

Requestor Address: Street City, State Zip

Please Explain Your Request

Please tell us what you want to receive and why. You need to provide dates of service, names of providers, etc. Mercy Care Plan/Mercy Care Advantage may charge you to receive copies of member records or a list of people and companies to which we give out member records. You need to tell Mercy Care Plan/Mercy Care Advantage if you cannot pay any fee.

Will giving out member records put you or anyone else in danger? Check one: Yes No

How Mercy Care Plan/Mercy Care Advantage Will Get Member Records to You

Please tell us how you want to receive the information you asked for (check box):

- I want Mercy Care Plan/Mercy Care Advantage to mail the information to me at my address above.
I want Mercy Care Plan/Mercy Care Advantage to mail the information to me at a different address. Please list address (if different from the one above).
Other

I assure you that I am the person stated above. I have the legal right to receive records on the member named above.

Requestors Signature

Date

Please send this Privacy Request Form to:

Mercy Care Plan/Mercy Care Advantage
Privacy Officer or Coordinator
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040

Call Mercy Care Plan/Mercy Care Advantage at 800-624-3879 with questions or comments.

Effective Date: 4/03