



# Request for Access to Records

**Use this form if you would like to inspect or receive a copy of the information Lipa keeps about you. This form must be completed and signed in order for Lipa to process your request. If you need this form in another language or format, please let us know.**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_

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

Member ID#: \_\_\_\_\_

**Description of Records Requested.** Please check the boxes that describe the type of Lipa-generated records you are requesting and tell us the time period for the records, if applicable.

- Enrollment records
- Case or medical management records
- Customer service records
- Claims, billing and Explanation of Benefits (EOB) information relating to the following date of service and/or medical condition:

\_\_\_\_\_

- Other (please specify)

\_\_\_\_\_

**Time Period Requested:** From \_\_\_\_\_ to \_\_\_\_\_.

**Scope of Request.** Please let us know if you want to inspect your records, copy your records, or both. I understand there may be a charge for this request.

- I would like to inspect the records.
- I would like to have the requested information copied and mailed to me.
- I would like to receive a written summary of the requested information, instead of the complete records.

I hereby request a copy of my health information from Lipa. I understand Lipa will provide a response to this request within thirty (30) days. I understand Lipa is permitted by the State of Oregon to charge for materials provided. I also understand that Lipa may or may not approve this request. If I am denied, I may be able to have my request reviewed.

**Please sign and date:**

\_\_\_\_\_  
Member **or** Representative's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Representative

\_\_\_\_\_  
Relationship to Member

**Please mail to Lipa at P.O. Box 11740, Eugene, OR 97440-1740 or fax to 541-434-1291. If you have questions, please contact Lipa's Privacy Officer at 541-762-6692 or toll-free 1-877-600-5472, TTY 1-877-600-5473.**