UNITE HERE HEALTH ALASKA

Request to Inspect or Receive a Copy of Protected Health Information

Complete and send this form to:
Privacy Officer
UHH Alaska Plan
1901 Las Vegas Blvd. S., Ste 107
Las Vegas, Nevada 89104-1309
Phone: 844-427-8501
Fax: 702-216-0885
Email: AlaskaPlan@Zenith-American.com
(Please note, if you email personal information to UHH Alaska Plan, we can't ensure it's secure or private until it's received.)

Participant Name ______________________________

Participant SS# ______________________________

Patient Name ______________________________ **Patient SS#** ______________________________

Patient Date of Birth ______________________ (month-day-year) **Relationship to Participant** ______________________

I am requesting (as described in the UNITE HERE HEALTH Notice of Privacy Practices) to inspect and/or get a copy of my Protected Health Information kept by, or for, UNITE HERE HEALTH.

Reports Provided Free of Charge

UNITE HERE HEALTH will provide you with a report of your claim payment history free of charge. This individual payment report (RIP Report) allows you to see a summary of how your claim(s) was paid. You will see the same information that appeared on the Explanation of Benefits (EOB) you received when benefits for the claim(s) were processed.

Place a check mark (✔) in the box next to the item that best identifies your request:

❏ Please provide a summary of my claim payment history for the following treatment dates:

______________________ to ______________________, showing all health care providers.

❏ Please provide my detailed claim payment history for the following treatment dates:

______________________ to ______________________, showing all health care providers.

❏ Other enrollment documents:

Document requested: ______________________________

Reason for Request: ______________________________

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Inspection or Requests for Which You Can be Charged

If you want to come to the UNITE HERE HEALTH Office to inspect your protected health information, you must call the UNITE HERE HEALTH Privacy Officer at **844-427-8501** to discuss the nature of the protected health information that you want to inspect and to arrange a time to do so.

If you want to review more protected health information provided in one of the reports described above, you must call the UNITE HERE HEALTH Privacy Officer at **844-427-8501** to discuss the type of protected health information you want to review and the format you want to receive it in.

Address to Send Records to:

____
First Name | Last Name

____
Street | Apt #

____
City | State | Zip

I agree to pay in advance any fees for copying or summarizing my health information. Fees will be reasonable and will only include the cost of copying, postage (if I request that a copy or summary be mailed), and preparation of a summary (if I agree to a summary).

____
Signature of Patient (parent or guardian if the patient is a minor) or Personal Representative | Date (month-day-year)

______________________________ ( )
Printed Name | Phone Number Where We May Contact You

____
Relationship to Patient

For UNITE HERE HEALTH Use Only

❏ Accepted ❏ Denied Date Received: ______________________

Privacy Officer Signature: ______________________ Date: ______________

Dept. Manager Signature: ______________________ Date: ______________

Date Response Mailed Back: ______________________