



This form will allow Members and their Legal Decisions Makers to request access to individually identifiable health information.

Identification of member requesting access (needed for verification purposes):

Member Name: _____
Last First Middle

Date of Birth: _____

Requester/Legal Decision Maker (if other than member): _____

Address: _____

Phone: _____

This is a request for individually identifiable health information for the following time period:

_____ through _____. (NOTE: Records may only be requested up to the current date).

Request access to individually identifiable health information contained in the following records:

(Check all boxes that apply)

- Assessments (refers to CRC or HWC Assessments)
Resource Allocation Decision Making Tool (RAD)
Member Center Plans (MCP)
MCP Authorized Service(s) List
Case Notes
LTC Functional Screens
Notice of Adverse Benefit Determination, Notice of Out of Benefit or Notice of Extension Letter(s)
Diagnoses, Medications, Personal and Professional Contacts
Advance Directives Paperwork
Guardianship Paperwork
My billing records
Other: _____

Access to individually identifiable health information may be available through any of the following methods: (Please check the desired method)

I prefer to inspect the requested information in person and will arrange for a mutually convenient time to come to Includa's offices by calling 877-622-6700.

I prefer to have the requested information copied and mailed to me.

Mail To Address: _____

I prefer to have the requested information securely emailed to me.

Email Address: _____

Signature of Member or Legal Decision Maker

Date

Printed Name of Legal Decision Maker

Relationship of Legal Decision Maker to Member

All requests and forms submitted to:

Inclusa Member Relations Department

3349 Church St. Suite 1

Stevens Point, WI 54481

Fax: 715-345-5725

Or

memberrelations@inclusa.org