



Send the completed, signed form to:
 Florida Blue
 P.O. Box 1798
 Jacksonville, FL 32231

ACCESS TO PHI RECORDS REQUEST

You, as a member, or acting as a personal representative of a member, of Blue Cross and Blue Shield of Florida, Inc., Health Options, Inc., or Florida Blue Medicare, Inc. ("Florida Blue") or Truli for Health have the right to obtain a copy of your protected health information in certain records ("**PHI Records**") maintained by or for Florida Blue or Truli for Health, in accordance with our policies and procedures, and applicable law, including the Health Insurance Portability and Accountability Act. To exercise your right to obtain a copy of your PHI Records, please complete each section of this form. Under certain circumstances, we have the right under applicable law to deny or limit your request to access your PHI Records.

Member Information (Required)

Member contract number	Date of birth	
Member first name	Middle initial	
Member last name		
Member address		
City	State	Zip code
Telephone number		

PHI Records Requested: Please specify the date range for the requested records.

From (month/year):	To (month/year):
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Please note that you may receive up to two years of health insurance claims information by logging into your on-line Florida Blue or Truli for Health member account.

Form of Access Requested: (e.g., paper copy, electronic copy): We will provide you with access to your PHI Records in the form or format requested, if it is readily producible by us in such form or format, or if not, in a readable hard copy or electronic form or format as agreed to by Florida Blue or Truli for Health and you.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO and Truli for Health, which are affiliates of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Type of Access Requested: Your PHI records will be sent to your mailing address or email address. Please check the appropriate box below.

Option 1

<input type="checkbox"/>		
Member address		
City	State	Zip code

Option 2

<input type="checkbox"/>
Member email address

If you select the e-mail option, you acknowledge and accept the security risks associated with e-mail transmissions, which can place your PHI Records at risk of being read or accessed by someone other than the intended recipient.

Sign Here

Date

Check here and complete the Personal Representative Information section below if you are signing this form as a personal representative of the Florida Blue or Truli for Health member.

Personal Representative Information: If the member can't sign this form, a personal representative may sign, complete and return this form for the member. A personal representative is someone who has the legal right to sign this form on behalf of the member. **Please attach proof that you are the member's personal representative (for example, Power of Attorney). We can't accept this form without this documentation.**

First name	Last name	
Address		
City	State	Zip code
Telephone number		

If you have any questions regarding this form, please call Customer Service at the toll-free number on the back of your member identification card.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO and Truli for Health, which are affiliates of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.