



CIGNA Behavioral Health

Request for Access to Health Care Information

THIS FORM WILL ALLOW ME, AS A CIGNA BEHAVIORAL HEALTH* MEMBER/PARTICIPANT TO REQUEST ACCESS TO PRIVATE HEALTH INFORMATION (PHI) ABOUT ME THAT CIGNA BEHAVIORAL HEALTH MAINTAINS AND THAT WAS CREATED OR RECEIVED BY CIGNA BEHAVIORAL HEALTH DURING THE TIME OF MY EMPLOYMENT WITH THE EMPLOYER IDENTIFIED BELOW.

VERIFICATION – (Please Print)

Identification of Member/Participant requesting PHI: (The following information is needed for verification. Please complete all applicable items.)

Name of Member/Participant: _____ Date of Birth: _____

Phone number where we can reach you if we need to contact you to process your request (required): _____

Social Security #: _____ Member/Participant ID card # (if applicable): _____

Group or Account # on ID card: _____ Subscriber Name (if different from Member/Participant): _____

Subscriber's Relationship to Member/Participant: _____ Subscriber's Employer Name: _____

Subscriber's Social Security # (if different from Member/Participant): _____

If you have additional coverage with CIGNA Behavioral Health, other than described above, please complete the following information as well:

Other Employer Name: _____

Member/Participant ID card #: _____ Group or Account # on ID card: _____

REQUEST

Address for CIGNA Behavioral Health to send requested information:

Information Requested from Records Maintained by CIGNA Behavioral Health

- Adjudicated (processed) claims: This is a summary of claims paid or denied.
(This does not include information on claims received but not yet processed – if you would like the status of those claims you may call Member Services at the toll free number listed on your or the Subscriber's CIGNA Behavioral Health ID card.)
- Enrollment or eligibility information that CIGNA Behavioral Health has received from the Subscriber's employer or from the Subscriber/Member/Participant. *(This includes information such as name, address, phone number, SSN etc.)*
- Case management and medical utilization management information (CM/MM).
- Other information *(please describe)*: _____

Most information is maintained and will be provided for a 24 month period. It may not be possible to provide information beyond that period.

There may be other PHI created or maintained by the Subscriber's Employer/Group Health Plan and/or its business associates and not included in this response for access. You should contact the employer to obtain any additional information.

Please Complete Form On Next Page ➡

