Blue Cross Blue Shield of Michigan
Blue Care Network of Michigan
BCN Service Company
BlueCaid of Michigan

REQUEST FOR ACCESS TO DESIGNATED RECORDS

Use this form to request to inspect or obtain copies of your own protected health information (PHI), in the designated record set that we or our business associates, maintain.

Please provide the following information:

NAME			DAYTIME PHONE NUMBER
ADDRESS			
CITY	STATE	ZIP	CONTRACT NUMBER

Please read and complete the following:

You have the right to inspect or obtain a copy of your PHI in the designated record set that we, or our business associates, maintain. However, you are not entitled to inspect or obtain a copy of psychotherapy notes we have, information we have compiled in anticipation of, or for use in a, civil, criminal or administrative action or proceeding, as well as certain other records. Unless you indicate otherwise, we will provide a summary of the records.

- Specific records you are requesting: _____
- The date range: From_____ To _____

Does this request include information about services rendered at a BCN Health Center? Yes ☐ No ☐

The manner in which you prefer to access your records:

☐ Mail copies to me
☐ Review in person at a location designated by BCBSM, BCN, BCN SC, BCMI or BlueCaid of MI

Please sign and date: **COMPLETED**

_____ _____

Signature Date

If you are not the member, please sign and write today's date below, then check the box that describes your relationship to the member. If you are not the parent of the member, please attach proof of your relationship to the member.
NOTE: An authorization is required if you are not the personal representative.

Please Print Name of Personal Representative: _____

_____ _____

Signature of Personal Representative Date

☐ Parent ☐ Legal Guardian ☐ Power of Attorney ☐ Executor ☐ Other _____

Please mail this form to:

Customer Individual Rights Unit, MC 2004
BCBSM/BCN - P.O. BOX 2459
Detroit, MI 48231-2459

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