

Fund Office: Southern California Pipe Trades Administrative Corporation 501 Shatto Place, Suite 500 Los Angeles, CA 90020

(800) 595-7473 | (213) 385-6161 Fax: (213) 487-3640 www.scptac.org | info@scptac.org

SOUTHERN CALIFORNIA PIPE TRADES HEALTH & WELFARE FUND (Active Plan)

SOUTHERN CALIFORNIA PIPE TRADES PENSIONERS & SURVIVING SPOUSES HEALTH FUND

PROTECTED HEALTH INFORMATION REQUEST FORM

Use this form to request:

- Your own Protected Health Information (PHI), or
- Someone else's PHI, but only if:
 - The other person has filed an authorization form with the Fund Office has an authorization form permitting you to access that person's PHI; or
 - You are the Personal Representative of the person whose PHI you are requesting. (If you are acting as the Personal Representative of the person whose PHI is to be disclosed, you must provide proof of your authority to act for that individual.)

PART I: PARTICIPANT & PATIENT INFORMATION

	PARTICIPANT	PATIENT			
NAME	First, Middle, Last	First, Middle, Last			
PARTICIPANT ID	Blue Shield of California Social Security Number T50 OR (only last four digits required)				
ADDRESS	Street, City, State, ZIP	Street, City, State, ZIP			
DATE OF BIRTH	mm/dd/yyyy	mm/dd/yyyy			
PHONE	() -	() -			
EMAIL					

PART II: RECORDS REQUEST										
Records being requested by:		□ Patient	□ Pers	onal Rep	resentative	Э				
Describe the records you are requesting:										
Service dates to be searched:		From:	/	Day	/Year	to:	Month	/ Day	/ Yea	
	NAME									
Mail copies of the requested records to:	ADDRESS	Street, City, State, Z	ip							
Note that a fee may be assessed: •\$0.25 per copy •\$24.00 per hour of research •Postage										

PART III: NOTICES

Protected Health Information is information that is created, received, transmitted or stored by the Funds which relates to past, present, or future physical or mental health, health care, or payment for health care, and either identifies the person who is the subject of the information or provides a reasonable basis for identifying that person.

Important Notice to Individual(s) signing this PHI Access Request Form:

The PHI provided in response to this request may include diagnosis and treatment information, such as information on chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, sexually-transmitted diseases, HIV/AIDS, and/or genetic marker information.

The Fund Office will usually process your request within 30 days of receiving this form. If the Fund Office needs additional time, you will be notified. If you have any questions, please contact the Fund Office.

PART IV: AUTHORIZATION

I hereby authorize the Southern California Pipe Trades Health & Welfare Fund and/or Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund, and/or the Southern California Pipe Trades Administrative Corporation ("Fund Office"), and their employees, agents and subcontractors, to disclose Protected Health Information about the patient identified in Part I of this form to the authorized recipient designated in Part II of this form. This authorization applies only to fulfilling this request for access to PHI. This authorization may be revoked by providing written notice to the Fund Office at the address on the first page of this form. Information disclosed under this authorization may be re-disclosed by the recipient and may no longer be protected by federal or state privacy regulations.

SIGNATURE OF REQUESTER:	x	DATE	
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