



**Privacy Request Form**

Date of Request: \_\_\_\_\_

**To request member information from Missouri Care, please check one or more of the boxes below.**

- Receive copy of privacy practices.
- Receive claim records.
- Change something in member records.
- Receive list of organizations to whom Missouri Care gives out member records.
- Limit how Missouri Care uses and gives out member records.

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID #: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Are you the member?**  Yes  No **If “NO”, tell Missouri Care who you are by checking one of the boxes below. Please give Missouri Care copies of papers that show you have the right to make this request.**

- I am the member’s Dad/Mom or guardian.
- I make health care decisions for the member.
- The member has died, and I take care of his or her estate.
- Other (explain) \_\_\_\_\_

Name of Requestor (if not member): \_\_\_\_\_

**Please Explain Your Request**

Please tell us what you want to receive and why. You need to provide dates of service, names of providers, etc. Missouri Care Plan may charge you to receive copies of member records or a list of people and companies to which we give out member records. You need to tell Missouri Care if you can not pay any fee.

Each member is entitled to one (1) free copy of his or her medical records annually. The fee for additional copies shall not exceed the actual cost of time and materials used to compile, copy, and furnish such records.

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