



# Request Access to Your Records

## PLEASE COMPLETE THIS FORM TO GET A COPY OF YOUR RECORDS

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Mail the signed form to:

Zing Health  
225 W. Washington Street, Suite 450  
Chicago, IL. 60606

If you need assistance completing the form, call the Customer Service number listed on your Member ID Card.

Section 1. Member Information			
Member Last Name:	Member First Name	Member Middle Name:	
Date of Birth:	Member ID#:		
Street Address:			
City:	State:	Zip Code:	Phone Number:

### Record Type(s)

Which records or types of information would you like copies of?

- Health plan enrollment and eligibility records.
- Claims records for your services and treatments.
- Records used by us to decide whether or not to approve an authorization request.
- Records that the health plan has mailed to you in the past.

### Record Details

Are there any details or limits to the records you would like?

Records from between dates \_\_\_\_\_ and \_\_\_\_\_.

Records related to a claim:

\_\_\_\_\_

Records related to a doctor.

\_\_\_\_\_

Other details or limits to the information you would like us to send. For example:

- "Records related to my "2020 knee surgery."
- "I don't need records of my phone calls to the health plan."

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete the other side.

## Sensitive Information

Some types of information are sensitive. Sensitive information may be protected by other laws. Please place your initials next to the types of sensitive information you would like us to send you. If you don't initial next to the type of sensitive information that you would like to receive, these records will not be sent to you.

_____	HIV/AIDS	_____	Genetic testing
_____	Mental health	_____	Drug/alcohol

## Signature

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

IF THE PERSON SIGNING THE FORM IS NOT THE MEMBER WHO IS THE SUBJECT OF THE REQUESTED INFORMATION, WRITTEN EVIDENCE OF THE PERSON'S AUTHORITY TO RECEIVE THE REQUESTED INFORMATION (INCLUDING PROTECTED HEALTH INFORMATION) MUST BE PROVIDED. THAT EVIDENCE MAY BE IN THE FORM OF A WRITTEN AUTHORIZATION FROM THE MEMBER OR A DESIGNATION FROM A COURT OF COMPETENT JURISDICTION.