



Personalized, compassionate care in the comfort of home

Palliative Care — your trusted partner in helping
you manage your symptoms and stress





Welcome to Carelon Health

Your comfort and well-being are our highest concern. We are ready to be your palliative care team. We understand and address your unique health needs to improve your quality of life as you manage the challenges of living with a serious illness.

What to expect

We bring care and comfort to where you are, when you need it most. We see you **between doctor appointments**, ensuring you have support to feel better and to stay in control of your illness. Our Carelon Health advanced practice provider will **meet with you at home or virtually by video or phone**. Your care team includes specially trained doctors, physician specialists, nurse practitioners, and social workers. Customized care can help you feel better so you can **stay comfortable and stable at home**.

When we first visit you, we will ask questions and listen as you tell us about you and your health. Do you have access to healthy meals? Is your home safe and comfortable? Do you have support from family and friends? Whenever possible, we involve your family and caregivers in your care, since they know you best. We may offer ideas on how to stay healthy based on what we hear.

What happens during your care visits

We will be partners on your health journey and will make a plan that works for you. We will also stay in touch with your current doctor to make sure our plan supports the care you already have. As we get to know you better during our visits, we will:

- Help you understand your illness.
- Learn how the illness can affect you in the days and weeks ahead.
- Identify nonmedical issues affecting your health — nutrition, lifestyle, and family support.
- Discuss treatment options.
- Agree on a plan to make your days healthy, active, and fulfilling.
- Review your prescription medicines and remove any that are not needed.

How we empower you to improve your health

Palliative Care at Carelon Health is designed to **improve your health while making you part of your treatment plan**. Together, we'll review options so you can make the best choices and plan for your future. If you have questions or concerns, you can call us anytime at our 24-hour phone line at no extra cost.

We have a great team looking forward to meeting you and giving you exceptional care. We aim to bring hope and happiness to you and your family.

Kind regards,

William C. Logan, MD
National Medical Director, Carelon Health



Carelon Health addresses your unique whole-health needs for an improved quality of life

Palliative Care is support when you need it most

Our team provides whole-health solutions to improve the quality of life for people at any stage of a serious illness or condition.

Your caring team of experts knows you and your health. We meet with you between your regular doctor appointments — at home or virtually — and help you manage the symptoms and stress related to your condition.

Palliative Care is not hospice or end-of-life care. It is care designed to help you feel your very best. We focus on your unique needs, and work with your doctors, caregivers, and family to provide an excellent care experience.



Welcome to whole-person care



We bring care to where you are

Our advance practice provider meets with you in your home or by video or phone. You tell us about your health conditions, your past treatment, and your health goals. We listen to your needs and what worries you. We take the time to know you.



Meet your new care team

You are connected to a team of doctors, nurse practitioners, nurses, and social workers. Every person on the team wants to support you in all aspects of your health — the medical, social, and emotional challenges of living with a serious illness.



Care plan

Your Carelon Health team works together with you and your other doctors to make a personalized care plan that fits your health goals.



24/7 support and advice line

You can reach a Carelon Health nurse or advanced practice provider (nurse practitioner or physician assistant) anytime for answers to your questions and concerns.

How Carelon Health's Palliative Care supports you



Expert care for your symptoms

Our care team will help you manage symptoms like shortness of breath, feeling tired, constipation, nausea, loss of appetite, trouble sleeping, and depression.



Helping you reach your health goals

Our care team works with you and your caregivers to create a health plan that fits your needs. We will help guide you through the state healthcare system to make sure you get the best options to meet your goals.



Whole-person care

We work together with your caregivers and health plan to help you reach your best level of health and quality of life. Our care teams are trained to help you on many levels, from a healthy diet to emotional and social support.



Empowering your decisions

We believe that when you have a better understanding of your illness or condition, you can make better decisions about it. Our care team will help guide you so you can feel confident about taking care of your health.

What are virtual visits?

Telehealth, also called virtual visits, are video appointments where you can meet with your Carelon Health care team using your phone or tablet.

Why choose a virtual visit?

A virtual visit helps you see your care team from the comfort of your own home. You might also want to receive care virtually if you're living with a serious illness or recovering from a health condition.



What do I need to have for a virtual visit?

- A smartphone or tablet with a camera.
- A strong cellular or wireless connection at home or wherever your virtual visit takes place.



How do I prepare for my visit?

- Find a comfortable, quiet, and private space for your video call.
- Make a list of your questions before your visit starts.
- Be ready to take notes during your visit.
- Keep a list of your medicines and your doctors' names and phone numbers handy.
- Invite others who are involved in your care to join an upcoming virtual visit.



What will happen during my visit?

- Your advanced practice provider will ask questions about your health, much like a face-to-face visit.
- You can share any concerns.
- You can ask questions if you'd like more information or don't understand something.



What will happen after my visit?

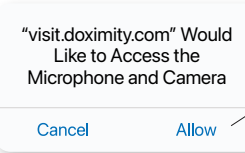
- Your Carelon Health care team will connect with your other doctors and specialists after your visit. They will let your doctors know of any changes.



Step 1: Start your visit

- You will receive an email or a text with the date and time of your appointment. You can share this link with others to join the virtual visit.
- Open the message and click the "Join video call" button.

8825 now
Telehealth Alert: <https://v.dox.com...>
Dr. Marc Test Rankin is ready for your secure video call.



Step 2: Turn on your mic and camera

- Click "Allow" to let the app use your microphone and camera.
- You will then see a "waiting for others to join" message until your care team member joins the call.



Step 3: Talk with your care team

- A care team member will appear on the screen ready to talk with you.
- When your call is complete, click to hang up.

How to get help

- If you have any questions or need help with your video visits, please call us at **844-232-0500**.



Frequently asked questions

Is Palliative Care only for people who need hospice?

Not at all. Palliative Care with Carelon Health is for people who need help at any stage of a health condition they find difficult. Plus, the sooner you add our Palliative Care, the sooner we can guide you through the healthcare system to manage your health.

What does Carelon Health cost?

Carelon Health accepts most insurance programs including Medicare and Medicaid. You may have a copay or cost share depending on your plan.

Where are my visits?

You stay right at home — our care team travels to you and/or works with you by phone or online.

Do I have to change my doctors?

No, you do not need to give up any of your current care team; we work with them to make sure your needs are being met.

Who do I call if I have a health problem after hours?

You can call our phone line 24 hours a day, seven days a week. We will then connect you with a nurse or advanced practice provider.

Call 844-232-0500 to ask questions or to schedule an appointment.

Patient record request

You have the right to request your medical records to be sent to you either by mail or by secure email. To request your records, please fill out an Access Request Form (see page 21) and send or mail to:

Carelon Health
ATTN: Medical Records
22 Century Blvd
Suite 310
Nashville, TN 37214

Notice of Privacy Practices

Important information about your rights and our responsibilities:

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please read carefully.

State Notice of Privacy Practices

When it comes to handling your health information, we follow relevant state laws, which are sometimes stricter than the federal HIPAA privacy law. This notice explains your rights and our duties under state law.

Your state may give you additional rights to limit sharing your health information. Please call Carelon Health Privacy at **562-741-4521** for more details.

Your personal information

Your nonpublic (private) personal information (PI) identifies you. You have the right to see and correct your PI. We may collect, use, and share your PI as described in this notice. Our goal is to protect your PI because your information can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit.

We may receive your PI from others, such as hospitals, insurance companies, or other doctors. We may also share your PI with others outside our company — without your approval, in some cases. However, we take reasonable measures to protect your information.

If an activity requires us to give you a chance to opt out, we'll let you know and how to tell us you don't want your PI used or shared for an activity you can opt out of.

HIPAA Notice of Privacy Practices

We keep the health and financial information of our current and former patients private as required by law, and our own internal rules. We're also required by federal law to give you this notice to explain your rights and our legal duties and privacy practices.

Your protected health information

There are times we may collect, use, and share your protected health information (PHI) as allowed or as required by law, including the HIPAA privacy law:

Payment: We collect, use, and share PHI to get payment for the medical care you receive from us or share information with the doctors, clinics, and others who bill us for your care.

Healthcare operations: We collect, use, and share PHI for your healthcare operations.

Treatment activities: We collect, use, and share PHI to provide the care, medicine, and services you need or to help doctors, hospitals, and others get you the care you need. Examples of ways we use your information:

- We may share PHI with other doctors or with your hospital so they may treat you.
- We may use PHI to review the quality of care and services you get.

- We may use PHI to help you with services for conditions like asthma, diabetes, or traumatic injury.
- We may collect and use publicly and/or commercially available data about you to support you and help you get available health services.
- We may use your PHI to create, use, or share deidentified data as allowed by HIPAA.
- We may also use and share PHI directly or indirectly with health information exchanges for payment, healthcare operations, and treatment. If you don't want your PHI to be shared in these situations, contact Carelon Health Privacy at **562-741-4521** for more information.
- We may also send you reminders about routine medical checkups and tests.
- We may share your information in an emergency or disaster relief situation.

Sharing your PHI with you: We must give you access to your own PHI.

You may get emails that have limited PHI, such as appointment reminders. We'll ask your permission before we contact you.

Sharing your PHI with others: In most cases, if we use or share your PHI outside of treatment, payment, operations, or research activities, we have to get your permission in writing first. We must also get your written permission before:

- Using your PHI for certain marketing activities.
- Selling your PHI.
- Sharing any psychotherapy notes from your doctor or therapist.

You have the right and choice to tell us to:

- Share information with your family, close friends, or others involved with your current treatment or payment for your care.

Other reasons we may use or share your information

We are allowed, and in some cases required, to share your information in other ways — usually for the good of the public, such as public health and research. We can share your information for these specific purposes:

- Helping with public health and safety issues, such as:
 - Preventing disease.
 - Helping with product recalls.
 - Reporting adverse reactions to medicines.
 - Reporting suspected abuse, neglect, or domestic violence.
 - Preventing or reducing a serious threat to anyone's health or safety.
- Doing health research.
- Obeying the law, if it requires sharing your information.
- Responding to organ donation groups for research and certain reasons.
- Addressing workers' compensation, law enforcement, and other government requests; and to alert proper authorities if we believe you may be a victim of abuse or other crimes.
- To work with a medical examiner or funeral director.
- Responding to lawsuits and legal actions.

Authorization: We'll get your written permission before we use or share your PHI for any purpose not stated in this notice. You may cancel your permission at any time in writing.

We will then stop using your PHI for that purpose. However, if we've already used or shared your PHI with your permission, we cannot undo any actions we took before you told us to stop.

Race, ethnicity, language, sexual orientation, and gender identity: We may infer, receive and/or maintain race, ethnicity, language, sexual orientation, and gender identity information about you and protect this information as described in this notice. We may use this information to help you, including identifying your specific needs, developing programs and educational materials, and offering interpretation services. We don't share this information with unauthorized persons.

Your rights

Under federal law, you have the right to:

- Send us a written request to see or get a copy of your PHI, including a request for a copy of your PHI through email. Remember, there's a risk your PHI could be read by a third party when it's sent unencrypted, meaning by regular email. We will first confirm that you want to get your PHI by unencrypted email before sending it to you. We will provide you a copy of your PHI usually within 30 days of your request, unless a more stringent state requirement applies. If we need more time, we will let you know.
- Ask that we correct your PHI that you believe is wrong or incomplete. If someone else, such as another doctor, gave us the PHI, we'll let you know so you can ask them to correct it. We may say "no" to your request, but we'll tell you why in writing within 60 days.

- Send us a written request not to use your PHI for treatment, payment, or healthcare operations activities. We may say "no" to your request, but we'll tell you why in writing.
- Request confidential communications. You can ask us to send your PHI or contact you using other ways that are reasonable. Also, let us know if you want us to send your mail to a different address if sending it to your home could put you in danger.
- Send us a written request to ask us for a list of those with whom we've shared your PHI. We will provide you a list usually within 60 days of your request. If we need more time, we will let you know.
- Ask for a restriction of services you pay for out of your own pocket. If you pay in full for any medical services out of your own pocket, you have the right to ask for a restriction. The restriction would prevent the use or sharing of that PHI for treatment, payment, or operations reasons. If a law requires sharing your information, we don't have to agree to your restriction.
- Call Carelon Health Privacy at **562-741-4521** to use any of these rights.

How we protect information

We're dedicated to protecting your PHI, and we've set up a number of policies and practices to help keep your PHI secure and private. If we believe your PHI has been breached, we must let you know.

We keep your oral, written, and electronic PHI safe using the right procedures, and through physical and electronic ways. These safety measures follow federal and state laws. Some of the ways we keep your PHI safe include securing offices that hold PHI, password

protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These policies limit access to PHI to only those employees who need the data to do their jobs. Employees are also required to wear ID badges to help keep unauthorized people out of areas where your PHI is kept. Also, where required by law, our business partners must protect the privacy of data we share with them as they work with us. They're not allowed to give your PHI to others without your written permission, unless the law allows it and it's stated in this notice.

Potential impact and other applicable laws

HIPAA, the federal privacy law, generally doesn't cancel other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to give you more privacy protections, then we must follow that law in addition to HIPAA.

Notice for Carelon Health Colorado patients

Carelon Health endorses, supports, and participates in electronic Health Information Exchange (HIE) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and healthcare providers that participate in the HIE network. Using HIE helps your healthcare providers to more effectively share information and provide you with better care. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your healthcare providers through the HIE can

also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt out of participation in the Colorado Regional Health Information Organization (CORHIO) HIE, or cancel an opt-out choice, at any time by visiting corhio.org/for-patients/your-choices or calling **720-285-3200**.

Notice for Carelon Health Washington D.C. patients

We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regionWal health information exchange serving Maryland and Washington D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access and better coordination of care, and to assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your health information available through CRISP by calling **877-952-7477** or by completing and submitting an opt-out form to CRISP by mail, fax, or through their website at crisphealth.org.

Notice for Carelon Health North Carolina patients

This facility participates in the North Carolina Health Information Exchange Network, called NC HealthConnex, which is operated by the North Carolina Health Information Exchange Authority (NC HIEA). We will share your protected health information, or PHI, with the NC HIEA and may use NC HealthConnex to access your PHI to assist us in providing healthcare to you. We are required by law to submit clinical and demographic data pertaining to services paid for with funds from North Carolina programs like Medicaid and

State Health Plan. We may also share other patient data with NC HealthConnex not paid for with state funds. If you do not want NC HealthConnex to share your PHI with other healthcare providers who are participating in NC HealthConnex, you must opt out by submitting a form directly to the NC HIEA. Forms and brochures about NC HealthConnex are available in our offices and online at NCHealthConnex.gov. You may also contact our Privacy Office at **562-741-4521**. Again, even if you opt out of NC HealthConnex, we still will submit your PHI if your healthcare services are funded by state programs. Your patient data may also be exchanged or used by the NC HIEA for public health or research purposes as permitted or required by law. For more information on NC HealthConnex, please visit hiea.nc.gov/patients.

To see more information

To read more information about how we collect and use your information, your privacy rights, and details about other state and federal privacy laws, please visit Carelon's Privacy web page at Carelon.com/privacy.

Calling or texting you

We, including our affiliates and vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be about treatment options or other health-related benefits and services for you. If you don't want to be contacted by phone, just let the caller know or contact Carelon Health Privacy at **562-741-4521** to add your phone number to our Do Not Call list. We will then no longer call or text you.

Complaints

If you think we haven't protected your privacy, you can file a complaint with us by calling Carelon Health Privacy at **562-741-4521**. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting hhs.gov/hipaa/filing-a-complaint/index.html. We will not take action against you for filing a complaint.

Contact information

You may call us at Carelon Health Privacy at **562-741-4521** to apply your rights, to file a complaint, or to talk with you about privacy issues.

Copies and changes

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to ask for a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you, as well as any PHI we may get in the future. We're required by law to follow the privacy notice that's in effect at this time. We may tell you about any changes to our notice through a newsletter, our website, or a letter.



Effective date of this notice

The original effective date of this notice was April 14, 2003. The most recent revision is January 1, 2024.

It’s important we treat you fairly

We follow federal civil rights laws in our health programs and activities. We don’t discriminate, exclude people, or treat them differently based on race, color, national origin, sex, age, or disability. If you have disabilities, we offer free aids and services. If your main language isn’t English, we offer help for free through translators and other written languages. Call your clinic for help or **TTY/TDD: 711**.

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint through one of the following ways:

- Write to Compliance Coordinator, 12900 Park Plaza Drive, Suite 150, Mailstop 6170, Cerritos, CA 90703-9329.
- File a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Ave., SW; Room 509F, HHH Building; Washington, D.C. 20201.
- Call **800-368-1019 (TDD: 800-537-7697)**.
- Go online at ocrportal.hhs.gov/ocr/smartscreen/main.jsf

Get help in your language

One more right that you have the right to get this information in your language for free. If you’d like extra help to understand this in another language, call your clinic for help. **TTY/TDD: 711**.

Aside from helping you understand your privacy rights in another language, we also offer this notice in a different format for members with visual impairments. If you need a different format, please call your clinic for help.

Authorization

This form is to be filled out if there is a request to release or receive health information to or from another person or company. Please include as much information as you can.

Part A: Your information

Last name	First name	Middle initial	Date of birth
Street address	City	State	ZIP
Daytime telephone number (with area code)		Mobile telephone number (with area code)	

Part B: Person or company who will receive this information

The following people or organizations have the right to receive or share my information.

Name (a person, a class of persons like “Doctors who treated me in August 2014,” or an organization)			Phone Number (if known)
Street address (if known)	City	State	ZIP

The information may be disclosed to: (Carelon Health and following cells)

Name Carelon Health		Phone number 615-454-9850	
Street address 22 Century Blvd., Suite 310	City Nashville	State TN	ZIP 37214



Part C: Information that can be released

I allow the following information to be used or released by or to Carelon Health on my behalf (check only one box):

☐ All my information. This can include health, a diagnosis (name of illness or condition), claims, doctors and other healthcare providers, and financial information (like billing and banking). This doesn't include sensitive information (see below) unless it is approved below.

OR

☐ Only limited information may be released (check all boxes below that apply to you):

- ☐ Billing
- ☐ Medical records
- ☐ Treatment
- ☐ Diagnosis (name of illness or condition) and procedure (treatment)
- ☐ Precertification and preauthorization (for treatment approvals)
- ☐ Dental
- ☐ Doctor and hospital
- ☐ Referral
- ☐ Vision
- ☐ Pharmacy
- ☐ Financial
- ☐ Other: _____

I also approve the release of the following types of sensitive information by Carelon Health (check all boxes that apply to you):

☐ All sensitive information¹

OR

☐ Just information about topics checked below:

- ☐ Abortion
- ☐ Genetic testing
- ☐ Mental health
- ☐ Abuse (sexual/physical/mental)
- ☐ HIV or AIDS
- ☐ Sexually transmitted illness
- ☐ Substance use disorder^{1,2}
- ☐ Maternity
- ☐ Other: _____

1 Specify time period of records to be disclosed: _____

Description of records that may be disclosed: _____

2 Unless I specify otherwise on this form, I intend this disclosure to include all substance use disorder records maintained by Carelon Health about me. I understand that my substance use disorder records are protected under federal and state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke (or cancel) this approval at any time, or as described in Part E. I understand that I cannot cancel this approval when this form has already been used to disclose information.

Part D: Purpose of this approval (check only one box)

☐ To give out the information as shown on this form.

OR

☐ For this reason(s): _____

Part E: Date your approval expires (check only one box)

If this document was not already withdrawn, this approval will end on the earliest of the following dates:

☐ One year from the signature date in Part F.

OR

☐ Earlier than one year and upon the date, event, or condition described below.

Part F: Review and approval

I have read the contents of this form. I understand, agree, and allow the use and release of my information as stated above or as required by applicable law. I also understand that signing this form is of my own free will. I understand that I am not required to sign this form in order for me to receive treatment or payment, or for enrollment or eligibility of benefits. I have the right to withdraw this approval at any time by giving written notice of my withdrawal to the organization releasing my information. I understand that my withdrawing this approval will not affect any action taken before I do so. I also understand that information that's released may be given out by the person or group who receives it. If this happens, it may no longer be protected under the HIPAA Privacy Rule. I am entitled to a copy of this form.

Signature or designated legal representative/guardian signature

Date (MM/DD/YYYY)

X _____

Designated legal representative or guardian

Complete this section only if you have documentation supporting legal representation.

If this form is signed by someone other than the patient or parent, such as a personal representative, legal representative, or guardian, please submit the following:

- A copy of a healthcare, general, or durable power of attorney.

OR

- A court order or other documentation that shows custody or other legal documentation showing the authority of the legal representative to act on the patient’s behalf. **Please complete the following:**

Legal representative (print full name)		Legal relationship to patient	
Legal representative street address	City	State	ZIP
Signature		Date (MM/DD/YYYY)	
X _____		_____	

Please return the completed form to:
Carelon Health
ATTN: Medical Records
22 Century Blvd., Suite 310
Nashville, TN 37214

Be sure to keep a copy of this form for your records.

For recipient of substance use disorder information

This information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any patient with a diagnosis of substance use disorder.

For internal use only:	Inquiry tracking number
------------------------	-------------------------

Telehealth (virtual) information and care consent

If you have chosen to receive services from Carelon Health, the services may be delivered in person and/or remotely (through our telehealth platform).

By receiving services remotely using our telehealth platform, you have the ability to receive care from your home or from another location that is convenient to you. Our telehealth platform will still provide you with the ability to see and hear your clinician using phone, tablet, or other electronic device with video and audio capabilities. However, remote care does include the inherent risk of technology failures, interruption of the services by an unauthorized person, and limited response options in emergency situations.

By including your signature below, you consent to receive Palliative Care treatment services from Carelon Health. Additionally, you acknowledge and agree that your care may be provided in person and/or remotely, and you understand the advantages and potential disadvantages of remote care through the Carelon Health telehealth platform.

Patient name	Date (MM/DD/YYYY)
_____	_____

Patient signature

X _____

Does the patient require an authorized representative?

☐ Yes ☐ No

If yes, please complete the information below.

Patient’s authorized representative name	Date (MM/DD/YYYY)
_____	_____

Patient’s authorized representative signature

X _____

You may have a copy of this telehealth Information and care consent for your records at your request.

Notice of Privacy Practices: acknowledgment of receipt

Acknowledgment of receipt

By signing this form, you acknowledge receipt of the Notice of Privacy Practices. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our office.

I acknowledge receipt of the Notice of Privacy Practices

Patient or personal representative’s name Date (MM/DD/YYYY)

Patient signature

X

Inability to obtain acknowledgment

Complete only if no signature is obtained. If it is not possible to obtain the individual’s acknowledgment, describe the good-faith efforts made to obtain the individual’s acknowledgment and the reasons why the acknowledgment was not obtained.

Patient name

Reasons why the acknowledgment was not obtained:

- ☐ Patient refused to sign this acknowledgment even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.
- ☐ Other

Signature of provider representative Date (MM/DD/YYYY)

X

If you have any questions about our Notice of Privacy Practices, please contact:

Carelon Health
Attn: Privacy
12900 Park Plaza Drive
Mailstop: Touch MS-6135
Cerritos, CA 90703

Last Updated: 5/18/2023

Access Request Form **Note:** This section is an optional form and does not need to be filled out until needed.

Purpose: This form is used to request, inspect, and/or obtain copies of an individual’s protected health information or records in our designated record sets or the designated record sets of our business associates.

SECTION A: Individual whose records are requested			
Last name		First name	Date of birth
Street address		City	State ZIP
Gender	Daytime Telephone		Member ID # Group Identification #

SECTION B: To the Requestor – Please read and complete the information requested

You have the right to inspect and obtain a copy of your protected health information in designated record sets we or our business associates maintain. You are not, however, entitled to inspect or obtain a copy of any psychotherapy notes we may have, any information we may have compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding, any information not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. § 263a), and certain other records. To request access to records, please complete the following:

Please specify the records you wish to inspect or obtain copies of:

- ☐ Medical records
- ☐ Billing information
- ☐ Pre-certification/pre-authorization information
- ☐ Behavioral health
- ☐ Other (please explain):

Time Period Requested
From: / / To: / /

How do you wish to access the records? (Check one)

- ☐ Inspect these records onsite
- ☐ Obtain copies of requested records via U.S. mail
- ☐ Obtain copies of requested records in person
- ☐ Obtain copies of requested records via secure electronic mail (e-mail)

Recipient’s email address:

Please list the name and address of each person, including yourself or your personal representative, for whom you want us to provide access.

Name 1			
Street address	City	State	ZIP

If this request is by a personal representative on behalf of the individual, complete the following:

Personal Representative’s Name:	Relationship to Individual:
---------------------------------	-----------------------------

Name 2			
Street address	City	State	ZIP

If this request is by a personal representative on behalf of the individual, complete the following:

Personal Representative’s Name:	Relationship to Individual:
---------------------------------	-----------------------------

Name 3			
Street address	City	State	ZIP

If this request is by a personal representative on behalf of the individual, complete the following:

Personal Representative’s Name:	Relationship to Individual:
---------------------------------	-----------------------------

Please sign and date

Date (MM/DD/YYYY)

If this form is signed by someone other than the patient or parent, please submit the following:

- A copy of a health care, general, or Durable Power of Attorney,

or

- A court order or other documentation that shows custody or legal documentation showing the authority of the legal representative to act on the patient’s behalf.

Please complete this form and mail to:

Carelon Health
Attn: Medical Records
22 Century Blvd.
Suite 310
Nashville, TN 37214

You are entitled to a copy of this request.



Scan here

carelonhealth.com/palliative-care



 Scan here

carelonhealth.com/palliative-care