

Request for Protected Health Information

MedTrak Services
6310 Lamar Avenue, Suite 230
Overland Park, KS 66202
Toll Free 800-771-4648 (or) Local 913-262-6851
Fax 913-262-8939

Under the Health Insurance Portability and Accountability Act (HIPAA), you have the right to request protected health information (PHI) that pertains to you or to a legal dependent. PHI is “any information that identifies an Individual and relates to an Individual’s past, present or future physical or mental health condition, health care treatment, or payment for health care services”. MedTrak Services maintains PHI in the form of Rx Claim Histories and other data pertaining to the Individual.

You may request PHI for yourself, a dependent under the age of 18, or an Individual 18 or older for whom you are the legal guardian. To do so, please complete and sign this form and fax or mail to MedTrak Services at the address listed above.

Note: You may NOT request PHI for a spouse or a dependent 18 or older. Those individuals must complete and sign their own form.

Cardholder ID #: _____ Cardholder Name: _____	
PHI Requested:	PHI Requested for:
<input type="checkbox"/> Rx Claim History: from _____ to _____ (Start Date) (End Date)	<input type="checkbox"/> Self: _____ (Printed Name)
(OR)	(OR)
<input type="checkbox"/> Other Data: _____	<input type="checkbox"/> Dependent: _____ (Printed Name)
I, _____, authorize MedTrak Services to <input type="checkbox"/> mail <input type="checkbox"/> fax PHI to: (Signature of Individual/Legal Guardian)	
Name: _____	Address: _____
City: _____	State: _____ Zip: _____ Fax: _____
Date Requested: _____	Day Phone: _____ Evening Phone: _____

Please Note: You must fill out one form for each Individual for whom release of PHI is being requested. Authorization is valid for one year from date signed.

