

You have the right to request access to your Protected Health Information (PHI) maintained by Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) in our designated record set. The following information is excluded from access:

- Information meeting the definition of Psychotherapy Notes;
- Information compiled by Magellan in reasonable anticipation of, or for use in, a civil, criminal, or administrative proceeding;
- Information obtained from someone else and if providing you the access you requested would be reasonably likely to violate that person's confidentiality, by revealing the source; and,
- Information that a licensed health care professional has, in the exercise of professional judgment, determined that access you have requested is reasonably likely to: endanger the life or physical safety of you or another person, cause substantial harm to another person referenced in your record, or cause substantial harm to you or another person.

Please print or type all information other than your signature.

MEMBER INFORMATION (Information About Person Whose Records are Being Requested)

Full Name: (first and last)		Telephone Number:
Member Medicaid ID #: (this is the number on your PA ACCESS Card)		Birth Date:
Full Address: (Street, City, State, Zip)		

WHAT INFORMATION ARE YOU REQUESTING? (Please be as specific as possible)

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SIGNATURE:

Member's Signature:		Date:
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IF APPLICABLE: The below section must be completed if a Personal Representative is requesting information on behalf of the member. Note: Legal documentation may be required if Magellan is sending records to the Authorized Personal Representative.

Personal Representative's Signature (if required):		Date:
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Print Full Name (if required):	
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Full Address (if required):	
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If signed by Personal Representative, describe authority to act for the member (please attach any relevant documentation):

In general, parents of a minor child who have the authority to make health care decisions on behalf of the minor are considered the minor's personal representatives unless the child is permitted to seek treatment without parental consent under your state law.

Return this completed form to:

Attention: Privacy and Compliance Officer
Magellan Behavioral Health of Pennsylvania, Inc.
790 Township Line Road, Suite 120
Yardley, PA 19067
Fax: 866-667-7744
Email: PAHCCCompliance@magellanhealth.com