

West Virginia Department Of Health And Human Resources
Bureau for Medical Services - 350 Capitol Street - Room 251 - Charleston, WV 25301-3709

Request for Recipient History Profile Report

NOTICE TO MEDICAID RECIPIENT OR LEGAL REPRESENTATIVE: NO FAX OF THIS FORM WILL BE ACCEPTED, SIGNATURE MUST BE ORIGINAL

Your request for access to your protected health information is only applicable to the information maintained by the State of West Virginia Bureau for Medical Services (Medicaid). If you would like access to your protected health information maintained by any other Health Plan or Health Care Provider, a separate request must be submitted to that plan or provider. The State of West Virginia Bureau for Medical Services will not be responsible for any incidental disclosure of the protected health information once released to the recipient or a legal or authorized representative of the recipient. A response to your request will be mailed to your address of record within thirty (30) days of the receipt of this fully and accurately completed request form by the State of West Virginia, Bureau for Medical Services privacy officer.

Recipient's Name: First: _____ Middle: _____ Last: _____

Date of Birth: _____ Medicaid ID: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Requestor's Name (if other than patient):

First: _____ Middle: _____ Last: _____

*Title/Relationship (if other than recipient): _____ Phone: _____

Description of protected health information you are requesting.

Recipient or Provider History Profile report

Date span: FROM _____ (mm/dd/yyyy) TO: _____ (mm/dd/yyyy)

Address that you wish to have the
protected health information mailed to:

Mail this **original** completed form to:
Bureau for Medical Services
Attn: Evelyn Whidby
350 Capitol Street, Room 251
Charleston, WV 25301-3709

Signature (must be in ink other than black)

Date

*If submitting this request on behalf of a Medicaid recipient for whom you are legal representative, the State of West Virginia, Bureau for Medical Services will require substantiating documentation prior to the release of any protected health information.

IMPORTANT: after completing this form, **make a copy for your records.**