

ACCESS REQUEST FORM



WYOMING

Purpose: This form is used for an Individual's request to inspect and/or obtain copies of the Individual's Protected Health Information or records in BCBSWY's Designated Record Sets or the Designated Record Sets of BCBSWY's Business Associates.

SECTION A: Individual Requesting Access

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Subscriber Number: _____ Social Security Number: _____

SECTION B: To the Individual—Please read the following and complete the information requested.

You have the right to inspect and obtain a copy of your Protected Health Information in Designated Record Sets Blue Cross Blue Shield of Wyoming (BCBSWY) or its Business Associates maintain. You are not, however, entitled to inspect or obtain a copy of any Psychotherapy Notes BCBSWY may have, any information BCBSWY 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 exercise your right of Access, please complete this Section B.

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

Do you wish to: Inspect these records? Yes No
Obtain copies of these records? Yes* No

*BCBSWY may charge you to copy these records.

In what form or format (*e.g.*, paper, electronic) would you like BCBSWY to make the records available to you?

Do you want BCBSWY to prepare a summary of the records? Yes* No

*BCBSWY may charge you for this summary.

Do you want BCBSWY to mail the copies? Yes* No

*BCBSWY may charge you for the cost of postage.

Please list the name and address of each person, including yourself or your Personal Representative, for whom you want BCBSWY to make copies. If you want us to provide Access to or copies of your records to any person other than you or your Personal Representative, you must provide us with a signed Authorization. We can supply you with the appropriate Authorization form.

Name: _____ Address: _____

SECTION C: Signature

Requesting Individual's Signature

Date

Requesting Individual's Printed Name

SECTION D: Personal Representative

If this request is by a Personal Representative on behalf of the Individual, complete the following:

Personal Representative's Name:

Relationship to Individual:

YOU ARE ENTITLED TO A COPY OF THIS REQUEST

Form Submission Instructions

Steps for returning a completed form may depend on whether you obtained the form online, received it by email or through another means. Please read the instructions below to decide which submission method suits you best. If the form specifies a preferred method, please follow those directions instead.

Online: Download the form and fill it out in the free Adobe Reader (get.adobe.com/reader) or fill out the form online if that option exists and then download it to your device. Save the completed form to your computer or device.

Submission:

BY MAIL – Print and mail the completed form to:

Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003.

BY EMAIL – Send the form and any required documentation as attachments to a BCBSWY email address, if one is provided.

BY SECURE UPLOAD – Follow the directions below to securely upload your form at Member.YourWyoBlue.com (member.yourwyoblue.com). Click the link or scan the QR code.

After logging in to your Member.YourWyoBlue.com account:

STEP 1
Click on the **Support** button on the menu bar. Scroll down and select **Send a Message**.

STEP 2
Select the plan the form applies to from the list in the panel. Click **Continue**.

STEP 3
Select General–Other as the **Topic**.

STEP 4
Fill in **Callback Preferences** (*Phone number, *Best time to call, and *May we leave a message...?).

STEP 5
Type any message in the **Message** box.

STEP 6
Click on the paperclip icon next to message box to attach a completed form from its location on your device.

STEP 7
Click on the **Send** button to send your message and upload your saved form securely.

