

**Request to Inspect or Obtain Designated Records Containing Your PHI**

**Requesting Individual** *(Please print)*

First Name	Last Name	Member's Contract Number
Address		Daytime Telephone Number(s)
City	State	ZIP

*You have the right to inspect or obtain a copy of your Protected Health Information (PHI) maintained by MESSA or its business associates. This right does not include the right to inspect or obtain copies of psychotherapy notes MESSA may possess; information compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding; information not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988; and certain other records. Unless you indicate otherwise, MESSA will provide a summary of the designated record set.*

**Please check and describe the specific records you are seeking to inspect or obtain.**

<input type="checkbox"/> Summary of claims paid from _____ to _____ <input type="checkbox"/> Summary of claims paid related to (specific medical service): _____ <input type="checkbox"/> Summary of claims paid to a specific provider or facility (provide name): _____ <input type="checkbox"/> Any and all MESSA/Blue Cross Blue Shield of Michigan records related to: _____ <input type="checkbox"/> Other (please specify): _____
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**Please indicate if you would like to inspect these records at a location designated by MESSA or if you would like them mailed to you.**

<input type="checkbox"/> Inspect records at designated location <input type="checkbox"/> Mail records to me
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**If you are not the individual named above, please check the appropriate box below and provide a daytime telephone number where you can be reached. Please provide proof of your legal relationship to the individual if the individual is not your minor child.**

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Personal Representative <input type="checkbox"/> Other _____
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**Please sign and date.**

Signature:	Date
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**Sign and return this form to:  
Privacy Officer, MESSA, PO Box 2560, 1475 Kendale Blvd., East Lansing, MI 48826-2560 or Fax to 800.693.5160.  
If you have questions, please call the Privacy Officer at 800.292.4910.**