

## Request to Inspect or Receive a Copy of Protected Health Information

Complete and send this form to: **Privacy Officer UHH Alaska Plan** 

1901 Las Vegas Blvd. S., Ste 107 Las Vegas, Nevada 89104-1309

**Phone:** 844-427-8501 Fax: 702-216-0885

Participant Name\_\_\_\_\_ Participant SS#\_\_\_\_\_

	ill: AlaskaHERE@Zenith-A	n to LIHH Alaska Plan		
	o't ensure it's secure or private until it's			
Patio	ent Name		Patient SS#	
atio	ent Date of Birth		elationship to Participant _	
		(month-day-year) in the UNITE HERE HEALTH Notfor, UNITE HERE HEALTH.	otice of Privacy Practices) to	inspect and/or get a copy of my Protected
Rei	oorts Provided Fre	e of Charge		
RIP	Report) allows you to see		) was paid. You will see the	charge. This individual payment report same information that appeared on the .
Plac	e a check mark (🗸) in the	box next to the item that best ide	entifies your request:	
	Please provide a summa	ry of my claim payment history fo	r the following treatment da	tes:
		to		, showing all health care providers.
	Please provide my detaile	ed claim payment history for the f	ollowing treatment dates:	
		to		, showing all health care providers.
_	Other enrollment docume	ents:		
	Document requested:			
	Reason for Request:			
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