

BALANCE BY TRILLIUM REQUEST TO ACCESS RECORDS

Use this form to ask for a copy or to see your Trillium Community Health Plan (Trillium) records. Please see Section 6 of this form. Section 6 tells about your rights to get a copy or see the records Trillium keeps about you.

Section 1: Your information							
Last name:			First:			Middle:	
Member ID:		Date of birth:		Phone number:			
Address:		City:		State:		ZIP:	
Section 2: Check the box next to the records you want.							
	Records showing my membership on the plan (enrollment)						
	Records used to decide about my care (case or medical management).						
	My customer service records						
	Records about my claims and billing						
	I want the records I list here:						
Section 3: List the start and end dates of the records you want.							
Start date:			End date:				
Section 4: What is the best way for you to read your records?							
	I want a copy of my records.						
	I want a copy of the written summary that explains my records. I do not want a copy of everything in my records.						
	I want to come to Trillium and look at my records.						
Section 5: If you asked for a copy, how do you want to receive it?							
	I want Trillium to mail the copy to the address I listed above.						
	I will pick the copy up when Trillium lets me know it is ready.						



Section 6: Know your privacy rights.

The law states that you can ask Trillium to see or get a copy of your records. The law also states that you can ask for a written summary of your records if you don't want a copy of every record. You must ask by writing a letter or by using this form. Trillium will respond to your request within 30 days. The law also states that in some cases, Trillium does not have to let you see or get a copy of your records. If that happens, Trillium must send you a letter telling you why. The letter also tells you how to ask for a review and how to file a complaint.

Notice of Privacy Practices: Trillium has a document called the Notice of Privacy Practices (notice). The notice tells more about the rights you have to see or get a copy of your records. If you need a copy of the notice, please call Trillium Member Services Toll Free: 1 (800) 910-3906 or TDD/TTY users call 1 (866) 279-9750.

Personal representatives: You must give Trillium a copy of the legal papers showing your authority to sign this form.

Charges: The law states that Trillium can charge for the cost of giving you a summary or a copy of your records. If there is a cost, Trillium will let you know before the summary or copy of your records is made.

Section 7: Sign and date this form.

Sign your name:

Print your name:

Date you signed this form:

If you are not the member, what is your relationship to the member?

Section 8: You can mail, fax, or bring this form to Trillium.

Mail to:	Or Fax to:	Or Bring to:
Trillium Community Health Plan	Trillium Community Health Plan	Trillium Community Health Plan
PO Box 11756	(541) 434-1291	1800 Millrace Dr.
Eugene, Oregon 97440-3956	Attn: Compliance Department	Eugene, Oregon 97403
Attn: Compliance Department		Attn: Compliance Department
		· ·

For additional information or to request this information in another language or format, please call Member Services Toll Free 1(800) 910-3906 or TDD/TTY 1(866) 279-9750.

Trillium Member Services is available to answer your call directly 8 a.m. to 5 p.m., Monday through Friday (except on holidays).

Trillium Utilization Management (UM) staff is available to answer calls from 8 a.m. to 5 p.m., Monday through Friday (except holidays). UM staff makes decisions based on insurance coverage and medical need. UM staff can be reached by calling Member Services.

Our automated system is available anytime for self-service options, including after hours, weekends, and holidays. Voice messages are reviewed and responded to within one business day. Member Services also has free language interpreter service available for non-English speakers.