



Request to Access Health Records

Use this form to request a copy of your Protected Health Information (PHI) in a Designated Record Set that Blue Cross and Blue Shield of Illinois or one of its Business Associate maintains. If you need assistance completing the form, contact the Customer Service number listed on your Member Identification Card. You must complete all the fields on this form.

WHEN COMPLETED AND SIGNED PLEASE MAIL TO: Blue Cross and Blue Shield of Illinois
P.O. Box 660044
Dallas, TX 75266-0044
OCA_SSD@bcbstx.com

Section A: The individual for whom access is being requested. Please complete the following:

Form with fields for First Name, Last Name, Group #, Identification/Subscriber #, Social Security Number, Date of Birth, Address, City, State, ZIP, and Area Code & Telephone Number.

Section B: Please place an "X" in the box next to the records you wish to inspect or obtain a copy of and indicate specific dates:

Table with columns for Enrollment Records, Health Records, and specific record types like Medical, Dental, Prescription Drugs, Vision, and Mental Health.

This Request CANNOT be used to disclose Psychotherapy Notes or phone records that are not part of the Designated Record Set.

Section C: By placing an "X" in the appropriate boxes below please indicate who and in which format/manner you wish to receive/review your information.

Form with checkboxes for 'Send my PHI to' (Me, Designated Third Party) and 'Format/Manner' (Send electronic copy, Send paper copy, View in person).

Section D: Signature - This document must be signed by the individual, parent of minor child or the individual's Personal Representative.

Text area for signature and date, with a line for the signature and a line for the date (month/day/year).

Section E: If Section D is signed by a Personal Representative, please complete the information below:

Form with fields for Personal Representative's Name, Relationship to Individual, Address, City, State, ZIP, Area Code & Telephone Number, and E-mail address.

Any changes to the format, content or branding of this form are strictly prohibited without review and approval of the HCSC Privacy Office.