



315 SW Fifth Avenue, Suite 900
Portland, Oregon 97204
503-416-4100 or 800-224-4840
877-416-4161 (TTY/TDD)
www.careoregon.org

Member Request to Review and Receive a Copy of Designated Record Set

I request that I be given an appointment to look at or receive a copy of my CareOregon and Health Plan of CareOregon health plan records. I understand that CareOregon and Health Plan of CareOregon will provide me an appointment to look at my records or send me a copy within the next 30 days. I also understand that I will not be able to look at my records on the day that I sign this form.

Please check one of the following:

- I request an appointment to review and receive a copy of my designated record set.
- I request that you send me a copy of my designated record set without an appointment.
- I request that you send me a copy of documents regarding a specific event or occurrence. Please indicate the time frame or event/occurrence which you are requesting records:

Print Member's Name: _____

Member or Legal Representative's Signature

Signature/Date

Print Legal Representative's Name

Legal Representative's Relationship to the Member

If your request to see your records is denied, you will have the right to appeal the denial by writing an appeal letter and sending it to the Compliance Officer at CareOregon and Health Plan of CareOregon, 315 S.W. Fifth, Suite 900, Portland, Oregon 97204.

CareOregon and Health Plan of CareOregon Use Only

Request Accepted Request Denied Date: _____

Reason:

Date and Time Appointment Set for the Member to Review and Receive a Copy of their Records:

Signature: _____ Title: _____