

## Request to Access (See) Records

### **Notice to Member:**

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.

**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.

### **Member Information:**

Member Name (print): \_\_\_\_\_

Member Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Member [Medicaid/Medicare] ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### **Check the box next to the records you want:**

- ☐ Records used to decide about my care (Case or Medical Management)
- ☐ Records about my claims and billing
- ☐ My customer service records (phone call records)
- ☐ I want the records I list here: \_\_\_\_\_

### **List the start and end dates of the records you want:**

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

End date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **How would you like to receive your records ?** Please check the box next to your choice.

- ☐ I want a copy of my records.
- ☐ I want a summary that explains my records.
  - ☐ Mail copy to address listed above (member information)
  - ☐ Pick up copy at Trillium (1800 Millrace Dr. Eugene, OR 97403)
  - ☐ Mail to address I list here: \_\_\_\_\_
- ☐ I want to come to Trillium to view my records.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Member or Personal Representative Sign Here)

If you are signing for the Member, What is your relationship to the member? \_\_\_\_\_

**Mail To: Trillium Community Health Plan**  
Attn: Compliance Department, PO Box 11740, Eugene, OR, 97440-3940  
Compliance Toll Free Fax: 1-844-426-5340

**Do you think Trillium Community Health Plan (TCHP) has treated you unfairly?**

Trillium must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- Age
- Gender identity
- Race
- Sexual orientation
- Color
- Marital status
- Religion
- Disability
- National Origin
- Sex

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. Trillium will make reasonable changes to policies, practices, and procedures by talking with you about your needs.

To report concerns or to get more information, please contact Member Services at 541-485-2155; Toll Free: 1-877-600-5472; TTY: 1-877-600-5473, Monday through Friday, 8:00 a.m. to 5:00 p.m. At other times – including Saturday, Sunday, and federal holidays – you can leave a voicemail. We will return your call the following business day. The call is free.

You also have a right to file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Contact that office one of these ways:

- Web: [www.hhs.gov](http://www.hhs.gov)
- Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)
- Phone: 1-800-368-1019, 1-800-537-7697 (TDD)
- Mail: 200 Independence Ave., SW, Room 509F HHH Bldg.  
Washington, D.C. 20201

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**English**

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-600-5472; TTY: 1-877-600-5473.

**Español (Spanish)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Medicaid 1-877-600-5472; TTY: 1-877-600-5473.

**Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Medicaid 1-877-600-5472; TTY: 1-877-600-5473.

**繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電Medicaid 1-877-600-5472; TTY: 1-877-600-5473.

**Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Medicaid 1-877-600-5472; TTY: 1-877-600-5473.

**한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Medicaid 1-877-600-5472; TTY: 1-877-600-5473.

**Українська (Ukrainian)**

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером. Medicaid 1-877-600-5472; TTY: 1-877-600-5473.

**日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。Medicaid 1-877-600-5472; TTY: 1-877-600-5473. まで、電話にてご連絡ください

**Arabic:**

تنبيه: إذا كنت تتحدث اللغة العربية فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بـ Medicaid على رقم 1-877-600-5472. رقم هاتف الصم والبكم: 1-877-600-5473.

**Română (Romanian)**

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la Medicaid 1-877-600-5472; TTY: 1-877-600-5473.

**ខ្មែរ (Cambodian)**

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ Medicaid 1-877-600-5472; TTY: 1-877-600-5473.

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**Cushite**

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa Medicaid 1-877-600-5472; TTY: 1-877-600-5473.

**Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Medicaid 1-877-600-5472; TTY: 1-877-600-5473.

**فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرید. فراهم می باشد. Medicaid 1-877-600-5472; TTY: 1-877-600-5473.

**Français (French)**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Medicaid 1-877-600-5472; TTY: 1-877-600-5473

**ภาษาไทย (Thai)**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร. Medicaid 1-877-600-5472; TTY: 1-877-600-5473.

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