

Protected Health Information (PHI) Access Request Form

Version: 05-Jun-2023

This form needs to be completed and signed, where appropriate, for Geno.Me, Inc. to process the request. If you want to receive information for more than one User, please submit a separate, completed form for each User.

1. User Information (Information About Person Whose Records are Being Requested.)

Last Name		First Name		Middle Initial
I.D. Number	Social Security Number	Birth Date (MM/DD/YYYY)	Daytime Telephone Number (include area code)	
Street Address		City, State and ZIP Code		

2. Description of PHI Access Reports

Upon receipt of this signed PHI Access Request Form, Geno.Me will provide a PHI Access Report containing the most recent 24 months of on-line user data that we have in our possession. Indicate below if you have a more specific request.

If instead of the most recent 24 months of user data, you prefer for the PHI Access Report to include claim data over a different period, please indicate the date range below:

From: _____ To: _____

Important Notice to Individual(s) signing this PHI Access Request Form:

- The PHI Access Report provided in response to this request may include diagnosis and treatment information, such as information on chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, sexually-transmitted diseases, HIV/AIDS, and/or genetic marker information.

3. If the PHI Access Report is to be sent to the User or the User's Legal Representative.

The recipient of the PHI Access Report is:	
<input type="checkbox"/> User	<input type="checkbox"/> User's Legal Representative
Signature of Recipient	Date
Print Name of Recipient	
Recipient's Street Address	City, State and ZIP Code
Signature of User or Users's Legal Representative	Date
Print Name of User's Legal Representative (if applicable)	

If this request is signed by the User's Legal Representative you must furnish a copy of the health care power of attorney or other relevant document legally authorizing the Legal Representative to act on behalf of the User, as applicable.

4. Authorization for Release of PHI (to be completed if the PHI Access Report is to be sent to someone other than the User)

I hereby authorize Geno.Me and any of its parents, subsidiaries, or other affiliates(including, but not limited to, Geno.Me, Inc.) and their respective employees, agents and subcontractors, to disclose protected health information about the Member specified in Section 1 of this form to the authorized recipient designated below. This authorization applies only to fulfilling this request for access to PHI. Payment and eligibility for benefits do not depend on whether I sign this form. This authorization may be revoked by providing written notice to Geno.Me at the address in Section 5 below. Information disclosed under this authorization may be redisclosed by the recipient and may no longer be protected by federal or state privacy regulations.		
Signature of User or User's Legal Representative		Date
Print Name of User or User's Legal Representative		
Authorized Recipient's Last Name	First Name	Middle Initial
Authorized Recipient's Street Address	City, State and ZIP Code	

5. How to Return This Form

Return this completed form to: support@yourgeno.me
Please allow 30 days for our response.