# Protected Health Information (PHI)

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**Description:** PHI is Protected Health Information. Due to the nature of our business, PBM has access to PHI for all its former and current members. The entire premise of the HIPAA regulations is to protect the PHI of individuals. We have seen our authentication procedure change due to requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). PBM has notified members of their rights to access, correct, and maintains the privacy of their PHI.

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| Requesting PHI Reports and/or Disclosures |

Perform the steps below:

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| **Step** | **Action** | | |
| **1** | Receive call requesting PHI Reports and/or Disclosures. | | |
| **2** | Verify the relationship of the caller to the member | | |
| **If…** | **Then…** | |
| Caller is someone other than the member | Reference the Protected Health Information (PHI) form to determine if additional information will be needed. | |
| Matrix indicates additional information is needed | Provide details to the caller. | |
| Member requires an Authorization for Release form | Create RM Task as follows:   * Task Category: Fulfillment * Task Type: Authorization Release Form * Queue: Fulfillment – Richardson * Requested Information: Select **Extended-Release Form** or **One Time Release Form** | |
| Caller does not wish to wait for a form to be mailed or has a form from the benefits office. | Member may submit that form or they may submit a letter that includes the following information:   * Member’s Name * Date of Birth * Member ID * Phone Number * Address     Completed forms may be mailed to:  CVS Caremark  Attn: Research Department  PO Box 6590  Lees Summit, MO 64064-6590    **Note:** Callers may download the “Authorization for Release Form” by accessing [www.caremark.com](http://www.caremark.com). | |
| **If the request is made by…** | **Then…** |
| Someone other than the member | Include their relationship to the member in the information. |
| Regulatory agency | It should be sent on the agency letterhead. |

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| Correcting or Updating PHI |

Perform the scenario below:

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| **If…** | **Then…** |
| A caller wishes to correct or update information | They should be directed to contact their employer’s Human Resource office or benefits provider unless otherwise indicated in the client’s CIF. |

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| Complaints |

Perform the scenario below:

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| **If…** | **Then…** |
| A caller wishes to file a complaint regarding privacy rights | Offer the caller the following address to make the request in writing and send to:  CVS Caremark Rx Inc. Attn: Privacy Officer MC016 P.O. Box 52072 Phoenix, Arizona 85072-2072   * If the caller does not wish to send the complaint in writing, offer the number to call the Privacy office (866-443-0933) to register their complaint and instruct the caller to include the following: Brief summary of their issue, along with their name and ID when calling. * Escalate the call by following the procedures outlined in [HIPAA (Health Insurance Portability and Accountability Act) - Disclosure Reporting and Complaints (027852)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=555c2e42-bed9-4648-91b9-19dc103b0ff1). |

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| Log Activity |

#510 Authorization Release Form

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| Related Documents |

[HIPAA (Health Insurance Portability and Accountability Act) - Disclosure Reporting and Complaints (027852)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=555c2e42-bed9-4648-91b9-19dc103b0ff1)

[Forms Members Can Submit to Authorize Access And Release of Information For Their Account (007394)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=970803bb-c0d8-4180-ae71-a8feab415b65)

[One-Time Authorization of Protected Health Information (PHI) Form - English (004676)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=548fb4f3-6608-496b-9ed7-1864acfc7f5b)

**Parent Document:** [CHIP-0006 Authorization for Use and Disclosure of Protected Health Information](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CHIP-0006)

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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