Request for Protected Health Information (PHI) form

Hennepin Health members – please use this form to request your health information in our records. Requests are processed within 30 days.

You can get your health information in a paper or electronic copy. You can also come to our office and look at it in person.

We will need contact information to respond to your request. You do not have to fill in all contact information. You may be required to provide proof of identity.

Contact Member Services at 612-596-1036 (TTY 800-627-3529) with any questions.

Request date		
Type of request □ Paper copy (Please fill in your mailing address. Copies that cost more than $10 will be charged to you. The invoice must be paid before we will mail the copies.) □ Electronic copy (Please fill in your email address) □ In person viewing □ In person viewing and paper copy		
Member name	Member date of birth	Member ID
Member address		
Phone number	Email	
Parent/Guardian name and relationship (if it applies)		
Describe the information you request. Include the time period and be as specific as possible. If you need more space, attach additional pages to the form.		