

Orion Health Insurance Pool, Inc. (ORION)

Request for Access to Protected Health Information (PHI) Without Authorization from an Individual

Name of Individual for whom PHI is requested: _____

Print Name of Party Requesting the PHI: _____

Address: _____

Phone: _____

I, _____ am requesting that I be allowed to inspect and copy the following PHI for the above named individual: *(List PHI requested)*

Reason for Request of PHI: _____

Signature of Individual Requesting Access to PHI: _____

Date: _____, 20__

Attach copy of identification of the individual requesting the PHI to this form along with any other documentation of the reason for PHI disclosure. (e.g. subpoena, court order, etc.)

Once completed, please return this form to the:
Orion Health Insurance Pool, Inc. (ORION)
ATTN: Privacy Officer
333 East Osborn, Suite 300 Phoenix, AZ 85012
Telephone: 1-800-718-8328