



## Request for Access to Records (Records Request)

The purpose of this form is to request copies of your records. You must submit a new records request each time you would like records. Please complete this form and send it to one of the following:

Mail: TMG  
2424 Rimrock Road Suite 230  
Fitchburg, WI 53713  
Fax: 1-608-255-0898  
Email: Qservices@tmgwisconsin.com

### PARTICIPANT INFORMATION (PLEASE PRINT)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

#### 1. RECORDS REQUEST

**Specify which records you want to have copied and sent to you including *timeframe* of records:**

- Long Term Care Functional Screen (LTCFS). Specify year(s): \_\_\_\_\_
- \_\_\_\_\_

**Specify how you want to access the records**

- I want a copy of my records mailed. *Address if different from above*  
\_\_\_\_\_
- I want a copy of my records emailed (Email address: \_\_\_\_\_)  
*I understand that I will receive these records in an encrypted format.*
- \_\_\_\_\_
- I need the records translated:  Braille  Language \_\_\_\_\_

*Please note that any State of Wisconsin form that is contained in the record, including the LTCFS may not be translated. If you want to provide copies of your record to any person other than you/legal rep, you must also complete and sign a Release of information form.*

#### 2. SIGNATURE

Printed Name \_\_\_\_\_

**(Participant or Legal Representative)** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

**If applicable, I am the**  Guardian  Power of Attorney Health Care.

#### OTHER IMPORTANT INFORMATION

- A. I understand I have the right to request my IRIS record, including records used to make decisions about my services. This request may not apply when the information I am requesting is not subject to right to access.
- B. I understand if this request is granted, in whole/part, I will be provided with a copy of my records or will review my records at TMG.
- C. I understand TMG has 10 business days upon receipt of this form to respond to this request. If the records request cannot be completed within that time, I will be contacted with the reason for the delay and the date by which the request will be completed. If this request is related to a hearing, I will be provided with a copy of the records within a reasonable time before the hearing.
- D. Contact information for questions: 844-864-8987 Business hours are 8:00 a.m. to 4:30 p.m. [Qservices@tmgwisconsin.com](mailto:Qservices@tmgwisconsin.com).

The Management Group (TMG) administers certain Medicaid programs under contract with the Wisconsin Department of Health Services (DHS). As part of our contract, the Privacy Rule standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require us to have processes that give you certain rights regarding your confidential information. You have the right to review or obtain copies of your records containing personal information, such as enrollment, services, or other records used to make decisions about your services. Review the Notice of Privacy Practices on the DHS website: <http://www.dhs.wisconsin.gov/publications/p1/p13040.pdf>