



Request for health information

Date:

To:

Regarding: Name _____ SSN _____

Greetings,

Oregon’s Medicaid Program, administered by the state Department of Human Services (DHS), requires certain health information to determine eligibility and payments for medical benefits.

We recognize that this information is covered by HIPAA privacy laws. However, the information falls under provisions of the law that allow entities covered by HIPAA to exchange information for the purposes of treatment, payment or operation of health-care. (These are known as the “TPO” provisions).

Please provide the information described below as soon as possible. If you have further questions or need more information about the TPO exemptions under HIPAA, you can contact me at _____.

Thank you for your help.

Name: _____ Title: _____

DHS Unit: _____ Fax # _____

Information requested _____

