



**Request for an Accounting of Certain Disclosures
of Protected Health Information**

I. Individual Data:

INDIVIDUAL'S NAME: _____
GROUP HEALTH PLAN ID NUMBER: _____
ADDRESS: _____
TELEPHONE NO.: _____

II. Nature of Request for an Accounting:

I hereby request to receive an accounting of all disclosures made of my protected health information for reasons other than those expressly excluded from this accounting requirement by the Standards for the Privacy of Individually Identifiable Health Information (often called the "Privacy Rule"). **(CHECK ONE):**

- All disclosures (that are not excluded) made during the six (6)-year period prior to the date of this request, but not including disclosures made before April 14, 2003.
- All disclosures (that are not excluded) made during the following time period: _____ through _____ (not to include disclosures made before April 14, 2003).

III. Conditions Governing The Request For An Accounting:

- A. Under the Privacy Rule, the GHP and its Business Associates are required to provide an accounting of certain disclosures of protected health information to individuals who request the accounting. Specifically, the Privacy Rule **does not require** GHP to account for the following disclosures:
 1. Disclosures made prior to April 14, 2003 (the compliance date for HIPAA Privacy Rule);
 2. Disclosures made for purposes of carrying out payment or health care operations;
 3. Disclosures made to the individual regarding his/her protected health information;
 4. Disclosures made for national security or intelligence purposes;
 5. Disclosures made to correctional institutions or law enforcement officials;

- 6. Disclosures made pursuant to an authorization from the individual or his/her personal representative;
 - 7. Incidental disclosures made pursuant to the Privacy Rule; or
 - 8. Disclosures made as part of a "limited data set" (as defined by the Privacy Rule).
- B. GHP may temporarily suspend the individual's right to receive an accounting of disclosures GHP has made to a health oversight agency or a law enforcement official, if the agency or official has informed GHP that such an accounting would be reasonably likely to impede the activities of such agency or official.
- C. The individual is entitled to one free accounting for each twelve (12)-month period. For any additional accounting requested within the same twelve (12)-month period, GHP may charge a reasonable fee for copy costs and mailing fees. If facility charges a fee for copy and/or mailing costs, the individual will be provided an estimate of such cost prior to receiving the accounting. If the individual chooses not to pay such costs, the request will be deemed cancelled.

SIGNATURE: _____

DATE: _____

If this request is by a personal representative on behalf of the individual, complete the following:

PERSONAL REPRESENTATIVE'S NAME: _____

RELATIONSHIP TO THE INDIVIDUAL: _____

GHP/BUSINESS ASSOCIATE TO COMPLETE THE FOLLOWING:

Response to Request for Accounting

GHP must respond to an individual's accounting request within 60 days of receipt.

Date request for accounting received: ____/____/____

Accounting Period: From: ____/____/____ To: ____/____/____

If necessary, GHP may take one 30-day extension from the date of receipt of the request to provide a response.

Extension notice sent on: ____/____/____

Response date promised in extension notice: ____/____/____

Reason given for extension: _____

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- Individual's right to receive an accounting of disclosures made to a health oversight agency or law enforcement official is temporarily suspended pursuant to the written notification received by GHP from the agency or official. The suspension period expires on: ____/____/____.

If requested accounting is the second or more accounting requested within the same twelve (12) month period, estimate the charge, if any, for copying and mailing.

Date estimated charge communicated to member: ____/____/____

Date member __ accepted __ rejected charge: ____/____/____

Date accounting sent to member: ____/____/____

Request for Accounting Is Denied:

The request for accounting is denied for the following reason(s)

- Disclosures made prior to April 14, 2003 (the compliance implementation date for HIPAA Privacy Rule);
- Disclosures made for purposes of carrying out payment or health care operations;
- Disclosures made to individual regarding his/her protected health information;
- Disclosures made for national security or intelligence purposes;
- Disclosures made to correctional institutions or law enforcement officials;
- Disclosures made pursuant to an authorization from the individual or my personal representative;
- Incidental disclosures made pursuant to the Privacy Rule; or
- Disclosures made as part of a "limited data set" (as defined by the Privacy Rule).

The individual was notified of the denial on: ____/____/____.

Signature of GHP/Business Associate Representative: _____

Date: _____