



ACCOUNTING OF CERTAIN DISCLOSURES REQUEST FORM
(HIPAA PRIVACY COMPLIANCE DATE: April 14, 2003)

Purpose: This form is used to document a Member's request for an accounting of certain disclosures of the Member's Protected Health Information (PHI) that the Group Health Plan or the Group Health Plan's Business Associate(s), including ACS Benefit Services, Inc., have made. Each Member requesting a Disclosure Accounting Report must submit a separate request form. Please clearly print each entry. Completion of all areas is necessary to process this request.

SECTION A: Member requesting an accounting of certain disclosures.

Member's Name: First Middle Last

Member's Address: Street or P. O. Box City State Zip Code

Member's Date of Birth: Month Day Year Subscriber ID Number:

Member's Telephone: Member's E-mail (optional):

SECTION B: To the Member - Please read the following:

You have the right to an accounting of the disclosures of your Protected Health Information that the Group Health Plan or Business Associate(s) of the Group Health Plan, including ACS Benefits Services, Inc. ("ACS"), have made. The accounting period is for up to 6 years prior to your request. Exceptions to the accounting of disclosures are as follows: Disclosures the Group Health Plan or Business Associate(s) (i) made to carry out payment for your treatment or the Group Health Plan's health care operations; (ii) made to your health care providers or other health plans to carry out your treatment, payment for that treatment, or certain of their health care operations; (iii) made to you or to your personal representatives; (iv) made to your family, close friends and others involved in your health care or payment for your health care; (v) made for national security or intelligence purposes; (vi) made to certain law enforcement agencies; (vii) made incident to a permitted use or disclosure; (viii) made as part of a limited data set; (ix) made to others pursuant to a signed authorization you have provided; or (x) made before April 14, 2003, the Group Health Plan's compliance date under the federal privacy rules.

You will not be charged a fee by the Group Health Plan or by ACS for the first accounting of disclosures report that you request in a 12-month period. However, you may be charged for a subsequent accounting of disclosure report that you request within the same 12-month period.

To request a disclosure accounting, please complete the signature area below.

I am requesting an accounting of certain disclosures of my Protected Health Information for the following period (check one):

- From Month Day Year To Month Day Year (not earlier than April 14, 2003)
Within the past 6 years (not earlier than April 14, 2003)

Signature: Date:

If signed by an individual other than the Member:

Print your full name: _____

Relationship to Member: (i.e., parent, personal representative, etc.)

Describe your authority to act for the Member (e.g. power of attorney, court order, parent of minor child, etc.):

You must attach the legal document naming you as the personal representative if you have not previously submitted it.

RETURN THIS REQUEST TO THE PRIVACY OFFICIAL AT THE OFFICE OF THE EMPLOYER

Received By: _____ Date: _____
(Privacy Official – Employer’s Office)

Employer’s Name: _____