

REQUEST TO INSPECT OR COPY PROTECTED HEALTH INFORMATION

"The Employer"			
"The Plan(s)"			
Employee			
Address			
City/State/Zip			
Email			
Last 4 Numbers of Employee's Social Security Number		Employee's Birthdate (Month & Day) MM/DD	
Individual's Name			
Check One	<input type="checkbox"/> I am the individual.		
	<input type="checkbox"/> I am an authorized representative of the Individual.		
IF YOU ARE NOT THE INDIVIDUAL, WHAT IS YOUR REASON AND AUTHORITY TO MAKE THIS REQUEST?			
Period in Question:			

I hereby request an accounting of disclosures of my protected health information (PHI) in a "designated record set" held by the above named Plan in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). Please provide an accounting of disclosures of PHI that occurred during the period and shown in "period of this request," as detailed above.

I understand that the Plan is not required to provide an accounting of disclosures of PHI made (1) to me or disclosed at my request pursuant to release request; (2) to carry out the payment of benefits or the health care operations of the Plan; (3) to certain individuals involved in my care; (4) prior to April 14, 2004; (5) for specific national security or intelligence purposes; (6) as required by a subpoena or other lawful exercise; or (7) other situations if permitted by HIPAA or as required by HIPAA.

I understand that the accounting will include disclosures of PHI that occurred during the six years (or shorter time period, if applicable) prior to the date of this request, including disclosures to or by business associates of the Plan. Unless otherwise noted, the disclosure accounting will include (1) the date of the disclosure or the date range or period of the disclosure, if the disclosure was routinely made during a set period after an event; the name and address (if known) of the entity or person who received the PHI; (3) a brief description of the PHI disclosed; and (4) a brief statement of the basis of the disclosure or a copy of the written request for the disclosure. I understand that I may also request and receive an accounting of disclosures of electronic health records made for payment, treatment, or health care operations during the prior three years for disclosures made on or after (1) January 1, 2014 for electronic health records acquired before January 1, 2009, or (2) January 1, 2011 for electronic health records acquired on or after January 1, 2009.

I understand that the Plan has 60 days to respond to this request. If the Plan is unable to respond within the 60-day period, the Plan may extend the response period by 30 days, provided that the Plan provides me a written statement of the reasons for the delay and the date by which the Plan will respond to the request.

Finally, I understand that if this is a request for a second or subsequent accounting within a 12-month period, I agree to pay a reasonable, cost-based fee for this accounting.

Signed by: _____ Date Signed: _____

EMPLOYER/PLAN USE ONLY:
