

Request for Accounting of Disclosures of Protected Health Information (PHI)

Name: _____ Date: _____

I. Request for Accounting

I hereby request an accounting of disclosures of my PHI a “designated record set” held by the Scott County Health Plans (the “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 following period:

From: _____ To: _____

I understand that the Plan is not required to provide an accounting of disclosures of PHI made: (a) to carry out treatment, payment or health care operations; (b) to me; (c) incident to a use or disclosure otherwise permitted or required by HIPAA; (d) pursuant to an individual authorization; (e) to certain persons involved in my care or payment for that care; (f) to notify certain persons of my location, general condition or death; (g) prior to the compliance date of April 14, 2003.

I understand that the accounting will include disclosures of PHI that occurred during the six years (or such shorter time period, if applicable) prior to the date of this request, including disclosures to or by business associates of the Plan. Except as otherwise provided below, for each disclosure, the accounting will include:

- The date of the disclosure;
- The name of the entity or person who received the PHI and, if known, the address of such entity or person;
- A brief description of the PHI disclosed; and
- A brief statement of the purpose of the disclosure that reasonably informs me of the basis for the disclosure, or, in lieu of such statement, a copy of a written request for disclosure.

II. Other Important Information

If during the period covered by the accounting, the Plans has made multiple disclosures of PHI to the same person or entity for a single purpose, that accounting may, with respect to such multiple disclosures, provide the above-referenced information for the first disclosure; the frequency, periodicity or number of the disclosures made during the accounting period; and the date of the last disclosure.

I understand that the Plan has five days to respond to this request. If the Plan is unable to take action within the applicable time period, the Plan may extend the time for such action by five days, provided the Plan, within the applicable time period, gives me a written statement of the reasons for the delay and the date by which the Plan will complete its action on the request.

- If this request is for a second or subsequent accounting within a 12-month period, I agree to pay a reasonable fee for the accounting. Fees will be reasonable and cost-based.

III. Signature of Individual or Individual's Representative

Signature of Individual or Individual's Personal Representative Date

Printed name of the Individual's personal representative: _____

Relationship to the Individual, including authority for status as representative:
