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## Request for Accounting of Disclosures — Health Plan

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Member Name:

Date of Birth:

Member ID#:

Address where you would like the Accounting sent:

Street

City

State

Zip

### NOTICE TO MEMBER:

Your request for an Accounting of Disclosures of your protected health information is applicable **only** to the information maintained by Cameron University Health Plan. If you would like to request an Accounting of Disclosures of your protected health information from any other University entity, a separate request must be submitted to that University entity. **(This request is applicable only to records disclosed by the Cameron University Health Plan.)**

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### REQUEST FOR ACCOUNTING OF DISCLOSURES:

I request an Accounting of Disclosures of the protected health information in my designated record set covering the period from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed 6 years, nor be for disclosures prior to April 14, 2003) maintained or created by the Health Plan.

I understand that the first Accounting in a 12-month period is free of charge, but I can be charged a reasonable fee for any additional accountings during that period. I will be notified of any charge in advance.

**I understand that the Accounting must include all disclosures, except for disclosures**

1. to carry out treatment, payment, or health care operations;
2. of my own protected health information to me;
3. incident to a use or disclosure permitted by the HIPAA Privacy regulations;
4. pursuant to my Authorization;
5. to persons involved in my care;
6. for national security or intelligence purposes;
7. to correctional institutions or law enforcement officials to provide them with the information about a person in their custody;
8. as part of a limited data set; or
9. that occurred prior to April 14, 2003

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Signature

Title, if legal representative\*

Date

\*May be requested to show proof of representative status.