

**DISCLOSURE ACCOUNTING REQUEST**  
**(Health Plan)**

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Purpose: This form is used to document an individual's request for an accounting of disclosures of protected health information.

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**SECTION A: Individual requesting disclosure accounting.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Identification Number: \_\_\_\_\_

**SECTION B: To the individual—Please read the following.**

You have the right to an accounting of certain disclosures that we or our business associates have made of your protected health information. The maximum accounting period is the six (6) years prior to your request, except you are not entitled to an accounting of any disclosures made before April 14, 2003. We also do not have to account for disclosures we or our business associates make (a) for purposes of your treatment, to obtain payment or for health care operations (including certain disclosures for the payment or operations of others); (b) to you or to your personal representative or pursuant to your authorization or informal agreement; (c) as part of a limited data set; (d) made incidental to an allowable disclosure; or (e) for national security or intelligence purposes, or to certain law enforcement agencies.

You are entitled to one free disclosure accounting each 12 months. You will be charged \$\_\_\_\_\_ for each additional disclosure accounting you request during the same 12-month period. Our Business Associates may charge a different and separate amount for their accounting of disclosures.

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

**INDIVIDUAL'S SIGNATURE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

**YOU ARE ENTITLED TO A COPY OF THIS REQUEST**

**PLEASE RETURN THIS FORM TO:**

**Privacy Office  
Planned Administrators, Inc.  
P.O. Box 6927  
Columbia, SC 29260  
Fax: (803) 264-6229**

## DIRECTION TO ACCOUNT FOR DISCLOSURES

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Purpose: This form is used to direct our business associates to account for disclosures of protected health information so we can respond completely and accurately to a request for a disclosure accounting.

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To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: **{ORGANIZATION NAME}**  
**{PRIVACY OFFICER NAME AND CONTACT INFORMATION}**

On \_\_\_/\_\_\_/\_\_\_, we received a request for the individual below for an accounting of the disclosures of the individual's protected health information made between \_\_\_/\_\_\_/\_\_\_ and \_\_\_/\_\_\_/\_\_\_ (the "accounting period"). Please promptly provide us within ten (10) business days with an accounting of each disclosure of this individual's protected health information you have made within the accounting period. You do not need to provide information about disclosures you (a) made for purposes of treatment, to obtain payment, or for health care operations (including certain disclosures for the payment or operations of others), (b) made to the individual or to personal representative or made pursuant to an authorization or informal agreement, (c) made as part of a limited data set, (d) made incidental to an allowable disclosure, or (e) made for national security or intelligence purposes, or made to certain law enforcement agencies.

For each accountable disclosure, please provide (a) the disclosure date, (b) the name and (if known) address of the person or entity to which the disclosure was made, (c) a description of the protected health information disclosed, and (d) either a statement of the purpose for which the protected health information was disclosed or a copy of any written request for the protected health information from a government agency to which the information was disclosed.

For repetitive disclosures during the accounting period to the same person or entity for a single purpose, you may provide (a) the date of the first of the repetitive disclosures during the accounting period, (b) the name and (if known) address of the person or entity to which the repetitive disclosures were made, (c) a description of the protected health information disclosed, (d) the frequency, periodicity or number of these repetitive disclosures during the accounting period, and (e) the date of the last of these repetitive disclosures during the accounting period.

Please give this your immediate attention. Please contact me should you have questions or wish to discuss this request for disclosure information.

**Disclosure accounting for:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Identification Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**{DATE}**

**{INDIVIDUAL'S NAME}**  
**{INDIVIDUAL'S ADDRESS}**

Dear **{INDIVIDUAL}**:

The accounting you requested on \_\_\_\_/\_\_\_\_/\_\_\_\_ of the disclosures of the protected health information of \_\_\_\_\_ is **{ready/enclosed}**. **{Because you have already received a disclosure accounting from us within the last 12 months, we are entitled to charge you for this disclosure accounting. The charge is \$ \_\_\_\_\_. Upon receipt of payment, we will send the disclosure accounting to you.}**

The disclosure accounting does not include disclosures we or our business associates made before April 14, 2003, which is our compliance date under federal privacy rules. The disclosure accounting also does not include the following disclosures that we are not required to account for: (a) made for purposes of treatment, obtaining payment, or for health care operations, (b) made to you or to your personal representatives, or made pursuant to your authorization or informal agreement, (c) made as part of a limited data set, (d) made incidental to an allowable disclosure, or (e) made for national security or intelligence purposes, or to certain law enforcement agencies.

If you have questions regarding the disclosure accounting, please contact **{CONTACT PERSON OR OFFICE}** at **{CONTACT INFORMATION}**

Sincerely,

**{PRIVACY OFFICIAL OR DESIGNEE}**  
**{TITLE}**