
Part I: Request for accounting of nonroutine disclosures of personal health plan information

Form received by:

Date:

You have the right to a list of certain disclosures the Health and Welfare plan ("Plan") has made of your health information. This is often referred to as an "accounting of disclosures." You generally may receive an accounting of disclosures required by law, in connection with public health activities, or in similar situations described in more detail in the Plan's Privacy Notice.

1. Employee name:

1a. Employee date of birth:

1b. Health plan ID number:

2. Name of person whose accounting you are requesting:

2a. Relationship to employee:

☐ Self ☐ Spouse ☐ Child☐ Other (specify relationship):

3. Your name:

3a. Relationship to person in Line 2:

☐ Self ☐ Spouse ☐ Child☐ Other (specify relationship):

4. Mailing address for records:

4a. City, State, ZIP code:

I understand that I can request an accounting of nonroutine disclosures of personal health plan information once in any 12-month period, free of charge. If I request accountings more frequently, I understand the Plan will charge me a reasonable, cost-based fee for each subsequent request.

- An accounting of nonroutine disclosures of personal health plan information includes:
- Date of disclosure
- Name and address (if known) of the person or entity to whom information was disclosed
- Brief description of the information disclosed
- Reason for the disclosure

I hereby request an accounting of any nonroutine disclosures of personal health plan information of the person named in Box 2 made by the Plan for this time period:_____.

Note: Disclosures can be requested for up to six years.

Signature:

Date:

Part II: Determination of request for accounting of nonroutine disclosures of personal health plan information

Part II prepared by:

Date Part II issued:

After reviewing your request for an accounting of nonroutine disclosures of personal health plan information, the Plan has made the following determination (*check one*):

- ☐ Request approved without a fee (see Section A below)
- ☐ Request approved with a fee (see Section B below)
- ☐ Request denied (see Section C below)

Section A: Request approved without a fee

Your request for an accounting of nonroutine disclosures of personal health plan information is approved. Your requested accounting of disclosures is attached to this form. There is no charge for processing the request.

Section B: Request approved with a fee

Your request for an accounting of nonroutine disclosures of personal health plan information is approved. You requested and received an accounting of nonroutine disclosures of personal health plan information, free of charge on _____. The charge for processing this request is \$ _____ 0 _____, as a fee for the preparation of the accounting.

You have the right to withdraw or modify your request for an accounting. Unless you contact Benefits Services Manager at 350 Spelman Lane Atlanta, GA 30314 within 10 days from _____ to withdraw or modify your request, Benefits Services Manager mail you your requested accounting and will send you a bill for \$ _____ 0 _____, which you agreed to pay by signing Part I of this form.

Section C: Request denied

Your request for an accounting of nonroutine disclosures of personal health plan information is denied because none of the personal health plan information subject to your request was disclosed for a nonroutine purpose.

If you wish to make a complaint about this denial, you may contact Benefits Services Manager at 404 270-5092.

Plan representative name:

Determination date:

Plan representative signature:
