



REQUEST FORM – ACCOUNTING OF PROTECTED HEALTH INFORMATION

You have the right to receive an accounting of certain disclosures made by MedBen of your health and medical information. The following information is required in order for us to process your request.

Covered Individual Name: _____

Address Where You Wish to Receive Accounting: _____

Telephone Number Where You Can Be Reached: _____

Organizations from which you wish to receive an accounting:

Period of time for which you wish to see the disclosures made. Note that you can request a listing of disclosures for any time period after April 14, 2003 (April 14, 2004 for small group health plans).

We are not required by law to include any of the following disclosures of your health information in an accounting to you:

- Disclosures made pursuant to an authorization signed by you or your representative.
- Disclosures to carry out our own or other Covered Entities treatment, payment and health care operations.
- Disclosures made to you or your personal representative.
- Disclosures made to persons involved in your care and/or payment or notification of next-of-kin or family members.
- Disclosures for national security or intelligence purposes.
- Disclosures to correctional institutions or law enforcement officials about inmates or others in custody.
- Disclosures that occurred prior to April 14, 2003 (April 14, 2004 for small group health plans).
- Disclosures that are otherwise not required to be disclosed under the law in effect at the time of the request.

If you request more than one accounting in a 12 month period, we will charge you \$20.00 for each subsequent accounting request.

Print Name of Covered Individual

Covered Individual's Signature & Date Signed

If you are a **Covered Individual's representative**, provide documentation or explanation of your authority to act for the Covered Individual and sign below.

Print Name of Representative

Covered Individual's Representative's Signature & Date Signed

No accounting request will be processed unless the Covered Individual or the Covered Individual's representative have signed this form.