

REQUEST FOR ACCOUNTING OF DISCLOSURES

Policy No.: _____

Insured's Full Name: _____ Insured Birth Date: _____

Address: _____

SSN: _____

NOTICE

Under law individuals may request that American Community provide an accounting of all instances where their protected health information is used or disclosed. American Community is not required to provide an accounting of the following uses or disclosures:

1. To carry out treatment, payment and health care operations;
2. Under the authority of a written authorization given by the subject of the protected health information;
3. To individuals about their own protected health information;
4. To persons involved in the individual's care or other notification purposes;
5. For national security or intelligence purposes; and
6. To correctional institutions or law enforcement custodial situations.

Individuals may receive an accounting of disclosures of protected health information made by American Community in the six years prior to the date on which the accounting is requested. However, individuals are not entitled to receive an accounting of instances where protected health information about them is used or disclosed prior to April 14, 2003.

I hereby request that American Community provide an accounting of all instances where my protected health information is used or disclosed for the following time period:

FROM: _____ TO: _____

Signature

Date

FOR AMERICAN COMMUNITY'S USE ONLY:

Date Request received: _____

Date of Response to Request: _____

