

Accounting Request Form¹

Instructions for filling out this form

Download and print a copy of this form. Mail the completed form to your Health Plan or to the AultCare Privacy Coordinator. This form provides you with general information of your right to request an accounting from your Health Plan. However, your particular Health Plan may place additional restrictions on that right. Please refer to your Health Plan's Notice of Privacy Practices.

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

Name _____

Address _____

Home telephone number _____

Name of Your Health Plan _____
(this is generally the name of your employer)

Period of time for which you wish to see the disclosures made. Note that you can request a list of disclosures for any time period after April 14, 2004.

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 providers' or plans' 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; or
- Disclosures that occurred prior to April 14, 2004.

¹ Based on copyrighted materials

The following provision is optional according to your particular Health Plan. Please see your Health Plan's Notice of Privacy Practices to determine whether your Plan will charge you a fee for an additional accounting within any 12 month period.

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

Print Name _____

Signature/Date _____

Note: No accounting request will be processed unless you or your representative have signed this form.

If member representative, provide documentation or explanation of your authority to act for the member _____

We will not process any requests signed by the member's representative if your authority to act for the member is not clearly delineated.