

Accounting of Disclosure Request

Purpose: This form is used to make a request for an accounting of disclosures of your protected health information maintained by your insurer or its Business Associates.

Please print neatly, please complete each field; we will not process incomplete or illegible forms.

Section A: DISCLOSURE ACCOUNTING FOR THE FOLLOWING INDIVIDUAL

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

Member ID#: _____ Date of Birth: ____/____/____

Section B: TO THE INDIVIDUAL — Please read the following

You have the right to an accounting of certain disclosures that NCAS, or our Business Associates, made of your protected health information. You are not entitled to receive an accounting for disclosures that NCAS, or our Business Associates, made to: carry out your treatment, obtain, or make payment for treatment, for our health care operations. NCAS does not have to account for disclosures made to you, or to your personal representative, your family, close friends and others involved in your health care, or for disclosures made for national security or intelligence purposes, or to certain law enforcement agencies, or for disclosures made pursuant to an authorization.

You are entitled to a free disclosure accounting once in each 12-month period. If this is not the first disclosure accounting that NCAS has made to you in this 12-month period, we will charge you for preparing the accounting.

Section C: INFORMATION REQUESTED

I request an accounting of the disclosures of my protected health information made between _____ and _____ (indicate date range not to exceed six (6) years prior to the date of this request). I understand that the accounting will not include disclosures for any disallowed purpose as explained above.

Section D: SIGNATURE AND DATE:

Signature: _____ Date: _____

Must be the original signature of any person 18 years of age or older whose records have been requested.

If this request is made by a personal representative on behalf of the individual please attach a complete copy of the personal representative form or legal document indicating your legal authority to sign this form.

Please mail or fax the completed form to:

Privacy Office
10455 Mill Run Circle
Owings Mills, MD 21117
Fax: 410-505-6692

Please keep a copy of this request for your records.