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REQUEST FOR ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION ("PHI")

Use this form to request that GEHA provide you with documentation of disclosures of your PHI made by GEHA.

About You, the GEHA member whose information is requested

Plan ID Number: _____

Member Name: _____ **Date of Birth:** _____

Address: _____

Telephone Number: _____

Please place a check mark in front of each plan you want this Accounting of Disclosure request to be applied:

- ☐ GEHA Health Plan
- ☐ Connection Dental *Plus* Plan
- ☐ GEHA Connection Dental Federal Plan
- ☐ CONNECTION Vision Plan

Accounting Request

I request an accounting of how my PHI was disclosed by GEHA or a Business Associate of GEHA as required by federal regulations.

I want an accounting of disclosures that covers the following time period:_____

Please send my accounting to the following address:_____

Signature and Acknowledgement

I understand that GEHA does not have to tell me about the following types of disclosures:

- Disclosures for purposes of treatment, payment, and healthcare operations;
- Disclosures to me, my personal representative, or authorized by me;
- Disclosures to persons involved in my care;
- For national security or intelligence purposes, to correctional institutions, or to law enforcement officials under certain circumstances;
- As part of a limited data set when the recipient has executed a data use agreement; and
- Disclosures incident to a use or disclosures otherwise permitted or required by law.

I also understand that my right to an accounting or some or all disclosures may be suspended by the government under limited circumstances.

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ENR-1435-PHI05
GE-FRM-0119-004 508

I understand that GEHA must give me the accounting of disclosures within 60 days, or tell me that an extra 30 days (or less) is needed to prepare it.

Date: _____

Patient or Legal Representative Signature: _____

Relationship to patient: _____
(i.e. parent, legal guardian, power of attorney, etc.)

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN THE ORIGINAL SIGNED COMPLAINT FORM TO:

ATTN: Accounting of Disclosures
P.O. Box 21542
Eagan, MN 55121
FAX: 816.257.3283