

Request to Receive an Accounting of Disclosures

Individuals have the right to receive an accounting of disclosures of protected health information (“PHI”) maintained by UNITE HERE HEALTH (“UHH”) in their Designated Record Set during the prior six (6) years. The accounting will be provided as quickly as possible (generally within 60 days) at no charge for the first request (more requests may require a small fee).

The accounting will not include disclosures of PHI made:

- More than 6 years ago
- For treatment, payment, and health care operations purposes
- To the Individual, the Individual’s personal representative, or pursuant to an authorization
- Incident to a use or disclosure otherwise permitted or required under HIPAA
- To persons involved in the Individual’s care or other for other notification purposes
- To correctional institutions or for other law enforcement custodial situations
- For national security or intelligence purposes, as part of a Limited Data Set or pursuant to a federal law that does not require UHH to provide an accounting

To request an accounting of disclosures of your PHI, please complete and send this form as follows:

In person:

Hand in at any UHH office (see www.UHH.org for your local office address)

By mail to:

UNITE HERE HEALTH
 Attn: HIPAA Privacy Officer
 711 North Commons Dr.
 Aurora, IL 60504

By fax to: (630) 236-5286

By email to:

HIPAA@uhh.org

Please note: If you choose to email personal information to UHH, we cannot ensure it will remain private or secure until it is received.

For help:

Call: (630) 236-5100 and ask for the HIPAA Privacy Officer

Section A: Individual’s Information

Individual’s name:

Street address:

City, state and zip:

Phone number: ()

Date of birth: _____ / _____ / _____

Member ID or last four digits of Member’s Social Security number:

Relationship to Participant:

Section B: Participant’s Information (this section is required if different from Individual)

Participant’s name:

Date of birth: _____ / _____ / _____

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| Section C: Request for an Accounting of Disclosures |
| <input type="checkbox"/> Provide an Accounting of Disclosures for the following time period: From (date): _____ / _____ / _____ Through (date): _____ / _____ / _____ |
| Provide the Accounting of Disclosures in the following way: |
| To be picked up by: Name: _____ |
| By mail at this address: _____ |
| By email at this email address: _____ |
| By fax at this number: (_____) _____ |

| |
|---------------------------------------|
| Section D: Signature |
| Name of Person completing form: _____ |
| Phone number: (_____) _____ |
| Relationship to Individual*: _____ |
| Signature: _____ |

*If this form is submitted by a personal representative (e.g. someone who has authority under applicable law to act on someone's behalf, such as a legal guardian, executor, someone with durable power of attorney), please also submit proof of such authority.

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| For UHH Use Only |
| Received by: Name: _____ Date: _____ / _____ / _____ |
| Completed by: Name: _____ Date: _____ / _____ / _____ (date accounting sent to individual) |