Chorus Community Health Plans
PO Box 1997 - MS 6280 | Milwaukee, WI 53201-1997
Toll-free: 1-844-201-4672 | chorushealthplans.org

Member Request for Accounting of Disclosures of Protected Health Information (PHI)

You have indicated that you would like Chorus Community Health Plans to provide you with an accounting of any disclosures we have made concerning your protected health information (PHI) that we have received, collected, or maintained in our files.

Receiving an accounting of disclosures of your PHI is one of the rights accorded you as part of the Health Insurance Portability and Accountability Act (HIPAA) and concerns any disclosures made following April 14, 2003 (compliance date for the HIPAA Privacy Rules).

Please be advised Chorus Community Health Plans does not receive, collect, or maintain any medical records or hospital charts. You must contact your physicians or hospital for authorizations for these types of records. We also do not handle dental insurance. Please contact your dental provider or insurer for dental information.

Your privacy is important to us, as are your rights. In order to ensure that your records are properly protected, we need to have written confirmation of the details of your request for an accounting of disclosures of your PHI. Please take a moment to complete this accounting of disclosures request form. Once we receive your returned, completed, and signed form, we can verify your information, review your request, and provide you with the accounting of disclosures that you have requested.

Accounting of Disclosure Request Form

Please read this accounting of disclosures request form carefully and fill it out completely.
Please print or type in the information requested; if printing, please use a pen.

MEMBER NAME _____ MEMBER ADDRESS _____

MEMBER ID NO. _____ MEMBER SSN _____ MEMBER DATE OF BIRTH _____ MEMBER PHONE NUMBER* _____

**Please provide a telephone number. We may need to contact you about the information you have provided on this form.*

I, the above-named member, request that Chorus Community Health Plans provide me with an accounting of disclosures of my PHI that it has made, as follows:

Requested Information

The type and amount of information that I am requesting in the accounting of disclosures is: (Please check the appropriate items and/or write in any other specific records, where indicated).

- ☐ Medical / surgical claims information
- ☐ Pharmacy claims
- ☐ Vision benefits claims
- ☐ Behavioral health
- ☐ Chemical dependency claims
- ☐ Member services records
- ☐ Member complant / grievance files
- ☐ Other: _____

Chorus Community Health Plans

PO Box 1997 - MS 6280 | Milwaukee, WI 53201-1997
Toll-free: 1-844-201-4672 | chorushealthplans.org

Accounting of Disclosure Request Process

A. According to the HIPAA Privacy Rules, there are certain disclosures that are excluded from any accounting requirements. The following disclosures will not be provided as part of your request for accounting:
   - Disclosures made for purposes of treatment, payment, and operations (see definitions at end of this document) permitted by the HIPAA Privacy Rules
   - Disclosures that we have already made to you about your PHI
   - Disclosures that have been made to our contracted vendors for provision of your health care benefits or to any personal representative you have designated
   - Disclosures that we have made based on authorization that you have signed
   - Disclosures made for purposes of national security or intelligence activities
   - Disclosures made as part of a limited set of information provided for research purposes
   - Disclosures made to law enforcement officials
   - Disclosures that occurred prior to April 14, 2003

B. If you have any questions about these exclusions from your right to an accounting of disclosures, please refer to Chorus Community Health Plans "Notice of Privacy Practices" for further information.

C. Accounting of disclosure requests concern disclosures of PHI that have been made six years prior to the date on which the accounting is requested but after the April 14, 2003, HIPAA Privacy Rule compliance date.

D. According to federal regulations, we must act on your request no later than 60 days after the receipt of this completed request form. The accounting sent to you will be in written format and in the format stipulated by the HIPAA Privacy Rules.

E. If we have any questions about the information provided on the form, we will contact you at the phone number indicated on this form to review the information with you.

F. If for some reason there is a delay in our ability to provide you with the requested accounting within that time period, we will notify you and let you know the reason for the delay and the date by which we will be able to provide you with our decision.

G. Federal regulations state that the first accounting in any 12-month period shall be made without charge, but that a reasonable, cost-recovery-based fee may be made for all subsequent accounting requests within the same 12-month period.

_____ _____
MEMBER SIGNATURE DATE

Please note: In the event that the member is a minor or otherwise legally incompetent, please provide the name, address, and relationship to the member of the person who is signing the access request form.

Name: _____ Address: _____ Relationship: _____

If this confidential communication request form is being submitted by the personal representative of the member, please provide signature.

Member Signature: _____ Date: _____

Chorus Community Health Plans
PO Box 1997 - MS 6280 | Milwaukee, WI 53201-1997
Toll-free: 1-844-201-4672 | chorushealthplans.org

How to submit this form

Mail to: Chorus Community Health Plans
PO Box 106012
Pittsburgh, PA 15230-6012

If you have any questions about this Accounting of Disclosures Request form, please call Customer Service at 1-844-201-4672. This number is also on the back of your ID card.

HIPAA Definitions

- **Treatment** – the provision, coordination, or management of health care and related services by health care providers, including referrals to and among providers and the coordination or management of health care by a health care provider with a third party such as an HMO.

- **Payment** – the activities necessary to obtain premium payment, provider claims payment, determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims; utilization review activities, including prior authorization of services and concurrent and retrospective review of services; and disclosure to consumer reporting agencies relating to collection of premiums or reimbursement.

- **Operations** – any of the following activities:
    - Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives;
    - Provider credentialing and Health Plan accreditation processes;
    - Underwriting, premium rating, and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits;
    - For medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
    - Pharmacy formulary development; or
    - Business management and general administrative activities of the Health Plan, including customer service and resolution of complaints and grievances.