



REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Use this form to request an accounting of certain disclosures of your protected health information (“PHI”) made by Blue Shield of California. The maximum disclosure accounting period is six years prior to the date of your request. Blue Shield of California **does not** have to account for disclosures of your PHI which were made:

- For purposes of treatment, payment, or healthcare operations;
- To you, your personal representative, or pursuant to your authorization;
- To persons involved in your health care or payment for your health care;
- For national security or intelligence purposes;
- To law enforcement or correctional institutions for certain purposes;
- Incident to otherwise permitted or required uses or disclosures of your PHI.

Individual Requesting an Accounting:

Name: _____ Subscriber ID Number: _____

Address: _____

Phone Number: _____ Date of Birth: _____

I request an accounting of disclosures made during the following time period:

From (specify date): _____ To: _____

If you are only seeking an accounting of a *certain type* of disclosure or disclosures made to a *specific person or organization*, please describe:

Signature of Individual, Parent of a Minor Child, or Personal Representative:

_____ Date: _____

If this form is signed by someone other than the individual or the parent of a minor child, such as a personal/legal representative or guardian, you must **submit documentation** showing your right to act for or on behalf of the individual with respect to their healthcare/PHI such as a valid HIPAA authorization, healthcare power of attorney, or guardianship papers. **Please also provide the following information:**

Representative’s name, address, and relationship to the individual for whom this request is being made (print): _____

**Return the completed and signed request to: Blue Shield of California Privacy Office
PO Box 272540, Chico, CA 95927-2540**