

# Requests for an Accounting of Disclosures of Protected Health Information



Use this form to request Tufts Health Plan\* provide to you an accounting of instances where your protected health information was disclosed. **All fields are required.**

<b>Member Name:</b>	<b>Member ID:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Member Address:</b>	
<b>Member City/State/Zip:</b>	
<b>Member Date of Birth:</b>	<b>Member Phone #:</b>
<b>Address to which you would like your information to be sent (only if different from above):</b>	

## Please specify the dates requested:

I would like an accounting of disclosures for the following time frame.

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

*Note: the maximum time frame that can be requested is six years prior to the date of your request.*

## Please Note:

- Tufts Health Plan is not required by federal law to include any of the following disclosures of your protected health information in an accounting to you:
  - Disclosures to carry out treatment, payment and health care operations;
  - Disclosures made to you or your personal representative;
  - Disclosures made to persons involved in your care or notification of next-of-kin or family members;
  - Disclosures for national security or intelligence purposes;
  - Disclosures to correctional institutions or law enforcement officials about inmates or others in custody;
  - Disclosures made pursuant to your authorization; or
  - Disclosures that occurred prior to April 14, 2003.
- An accounting of disclosures made by Tufts Health Plan will be sent to you within 30 days. If Tufts Health Plan is unable to provide the accounting by the 30 day time frame, we may extend the time to provide the accounting for no more than 30 days. You will receive a written statement of reasons of the delay and the date by which Tufts Health Plan will provide the accounting.
- Tufts Health Plan will not charge you for the first accounting of disclosures within a 12 month period. Tufts Health Plan may charge a reasonable, cost-based fee for each subsequent request by you within the same 12-month period as long as you are notified of the fee and given the opportunity to withdraw or modify the request to avoid or reduce the fee.

\* As used in this and other Privacy policies, "Tufts Health Plan" means Tufts Health Plan, Inc., and each of its subsidiaries and affiliates, including Tufts Associated Health Maintenance Organization, Inc., Tufts Health Plan Foundation, Tufts Associated Health Plans, Inc., Total Health Plan, Inc., Tufts Benefit Administrators, Inc., Tufts Insurance Company, TAHP Brokerage Corporation, Tufts Health Public Plans, Inc., Tufts Health Freedom Plans, Inc., and Tufts Health Freedom Insurance Company, CarePartners of Connecticut Holdings, LLC., and CarePartners of Connecticut, Inc.

**Signature:**

I have read and understand the above information. I represent that the signature below is my own and that I am legally authorized to sign this document.

**Member, Parent, or Personal Representative\* Signature**

**Print Name**

**Date**

**Relationship, if signed by other than Member:** \_\_\_\_\_

\* If not already provided, please attach legal documentation verifying personal representation. We will require verification of the authority of a Personal Representative before this request will be considered complete.

**Please Return this Completed Form and Supporting Documentation:**

**Fax this form**  
*(and documentation, if applicable) to:*  
**1-617-673-0427**

Or mail to: Tufts Health Plan  
Compliance Department  
Mail Stop 1F-4  
705 Mt. Auburn Street  
Watertown, MA 02472

If you have any questions about this form, please contact the Tufts Health Plan Privacy Office at 1-800-208-9549 (TTD: 711)

**Note to recipients of alcohol & substance abuse information related to this authorization (if applicable):**

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the individual signing this release or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for further disclosure of this information. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**To Be Completed by Tufts Health Plan Personal ONLY:**

**Date request received:**

**Date Accounting sent:**

**Extention Needed:**       **Yes**                       **No**

*If yes, give reason below:*