



REQUEST ACCOUNTING OF DISCLOSURES

Last name _____ First _____ Middle _____

Date of Birth _____ Member ID# _____ Group# _____

Address _____

City _____ State _____ Zip _____ Phone _____

You can ask for a list of disclosures of your protected health information made by PacificSource Health Plans. If you would like this information, please consider the following:

- The list is free one time in any 12-month period. PacificSource may charge you for additional lists during the same 12-month period.
- PacificSource will not list disclosures made more than six years before your request.
- PacificSource will not list disclosures made prior to April 13, 2003.
- PacificSource will only list disclosures of protected health information not related to treatment, payment, or healthcare operations.
- PacificSource will not list disclosures that you authorized.

I am asking for disclosures for the following period of time (be specific):

From _____ To _____

Signature of Member or Representative

Date

Printed Name of Representative (if applicable)

Relationship to Member

Please see the other side of this form for member rights information.

FOR OFFICE USE ONLY

Date received: _____ ☐ Approved ☐ Denied ☐ Delayed

If delayed, we will act on your request by _____ (date).

Comments: _____

PacificSource Representative Signature

Date



Your right to an accounting of disclosures:

- You have a right to request an accounting of disclosures of your protected health information made by PacificSource Health Plans.
- You have a right to receive an answer to your request within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You will receive the answer in writing.
- Your first request for an accounting in any 12-month period is free. You may be charged if you make additional requests within the same 12-month period.

Your right to file a privacy complaint:

Individuals can file privacy complaints with either PacificSource or with the U.S. Department of Health and Human Services, Office of Civil Rights.

Privacy complaints may be directed to any of the following:

PacificSource Health Plans

Compliance Department
PO Box 7068
Springfield, OR 97475-0068
Phone (541) 686-1242
Toll-free (800) 624-6052

Montana

U.S. Department of Health and Human Services, Office of Civil Rights

Velveta Howell, Regional Manager
999 18th Street, Suite 417
Denver, CO 80202
Phone (800) 368-1019
TDD (800) 537-7697
FAX (303) 844-2025

Oregon/Idaho/Washington

U.S. Department of Health and Human Services, Office of Civil Rights

Linda Yuu Connor, Regional Manager
2201 Sixth Avenue – M/S: RX-11

Seattle, WA 98121-1831

Phone (800) 368-1019
TDD (800) 537-7697
FAX (206) 615-2297

If you would like to learn more about how PacificSource protects your health information, please visit PacificSource.com, and click the "Privacy Statement" link at the bottom of the page.