



REQUEST FOR ACCOUNTING OF DISCLOSURES

By filling out and submitting this form, you are requesting an accounting of disclosures made by SummaCare, Inc. An accounting is a list of people or entities to whom SummaCare has disclosed your Protected Health Information for a legitimate purpose under the Health Insurance Portability and Accountability Act of 1996.

Time period that you want the accounting to cover: ____/____/____ - ____/____/____
MM DD YYYY MM DD YYYY

Note that you can request a list of disclosures for any time period within the last six (6) years.

We are not required by law to include any of the following disclosures of your health information:

- Disclosures made in response to an authorization signed by you or your representative;
- Disclosures to carry out our own or other providers' or plans' treatment, payment and health care operations;
- Disclosures made to you or your personal representative;
- Disclosures made to persons involved in your care and/or payment 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; or
- Disclosures made more than six (6) years ago.

If you request more than one accounting in any 12 month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or change your request at that time before any costs are incurred. We have 60 days to provide the information to you. If we are unable to provide you the information within 60 days, we will send you a notice of the reason for the delay and we will have an additional 30 days to respond.

Please print the following information:

Member name: _____	Member ID: _____
Member Date of Birth: _____	Daytime Phone: _____
Address (to which we should send our response): _____	
Member Signature: _____	Date: _____
OR Legal Representative Signature*: _____	Date: _____
Relationship to Member: _____	

***If you are a legal representative of the member, other than the parent of a minor child, you must attach copies of your authorization as required by state law to represent the member – for example, healthcare power of attorney or guardianship papers.**

Please mail this form to
SummaCare, Inc.
Attention: Privacy Officer
P.O. Box 3620
Akron, Ohio 44309

<u>FOR SUMMACARE USE ONLY</u>	
Person Reviewing: _____	Date Reviewed: _____
Disposition of request: _____	Date Notice sent to Member: _____