

Request accounting of disclosures



Last name _____ First _____ Middle _____

Date of birth _____ Member ID number _____ Group number _____

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
541-686-1242
800-624-6052
TTY: 711 (we accept all relay calls)

Montana

U.S. Department of Health and
Human Services, Office of Civil Rights
1961 Stout Street, Room 08-148
Denver, CO 80294
Customer Response Center
800-368-1019
TDD: 800-537-7697
FAX: 202-619-3818
[HHS.gov/civil-rights](https://www.hhs.gov/civil-rights)

Oregon/Idaho/Washington

U.S. Department of Health and
Human Services, Office of Civil Rights
90 7th Street, Suite 4-100
San Francisco, CA 94103
Customer Response Center
800-368-1019
TDD: 800-537-7697
FAX: 202-619-3818
[HHS.gov/civil-rights](https://www.hhs.gov/civil-rights)

If you would like to learn more about how PacificSource protects your health information, please visit [PacificSource.com](https://www.pacificsource.com), and click the "Privacy Policy" link at the bottom of the page.