Member Name: _____
Planholder SSN:_____ Date: _____
Member Relationship to Planholder _____

TEAM KENTUCKY PERSONNEL CABINET | Kentucky Employees' Health Plan

# REQUEST FOR ACCOUNTING OF DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

## I. Your Protected Health Information

The Kentucky Employees' Health Plan ("KEHP") collects and maintains protected health information ("PHI") that includes personal identifiers, enrollment, eligibility, and dependent and qualifying event information. KEHP utilizes a third-party claims administrator and a pharmacy benefits manager, referred to as "Business Associates," to carry out certain functions for KEHP. Because of their administrative responsibilities, these Business Associates create, receive, maintain, and transmit PHI on behalf of KEHP. Like KEHP, the Business Associates are responsible for ensuring the protection of your health information.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), KEHP and its Business Associates may use and disclose your PHI for treatment, payment, or health care operations including, but not limited to, claims processing, billing, case management, provider credentialing, and utilization review. Other uses and disclosures permitted or required by HIPAA are outlined in KEHP's Notice of Privacy Practices.

## II. Your Rights

You have the right to receive an accounting of disclosures of your PHI made by KEHP in the six years prior to the date on which the accounting is requested except for disclosures (1) to carry out treatment, payment, and health care operations; (2) to you of PHI about you; (3) incidental to a use or disclosure otherwise permitted or required by HIPAA; (4) pursuant to a valid authorization; (5) to persons involved in your care or other notification purposes; (6) for national security or intelligence purposes; (7) to correctional institutions or law enforcement officials; (8) as part of a limited data set which is a data set that excludes certain identifying information; or (9) that occurred prior to the compliance date for KEHP which was April 14, 2003.

KEHP must temporarily suspend an individual's right to receive an accounting of disclosures to a health oversight agency or law enforcement official for the time specified by such agency or official, if such agency or official provides KEHP with a written statement that such an accounting to the individual would be reasonably likely to impede the agency's activities and specifying the time for which such a suspension is required.

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# III. Request for an Accounting of Disclosures

Check any of the below that apply:

☐ I request an accounting of disclosures made by KEHP of my PHI in a "designated record set."

- Time period for which you are requesting an accounting of disclosures made by KEHP: (Must be six years or less prior to the date of the request for an accounting.)

  _____

- I request that the accounting of disclosures be mailed to:

  Name: _____

  Street address/P.O. Box #: _____

  City, State, and Zip: _____

# IV. Signature of Member or Member's Personal Representative *(Form MUST be completed before signing.)*

_____ _____
Printed Name of Member

Printed Name of Member's Personal Representative (If Applicable)

_____ _____
Signature of Member or Member's Personal Representative

If a Personal Representative – Describe Relationship to Member. Include authority/documentation proving status as a Personal Representative.

Date:_____

Remit Form To: William H. Adams II, Privacy Officer
Personnel Cabinet
501 High Street, 4th Floor
Frankfort, KY 40601
Fax: (502) 564-7603
Will.Adams@ky.gov

# V. KEHP Response to Your Request for an Accounting of Disclosures

KEHP must act on your request for an accounting no later than 60 days after receipt of such a request. If KEHP is unable to provide the accounting within 60 days after receipt of the request, KEHP may extend the time to provide the accounting by no more than 30 days. If a 30-day extension is required, KEHP will

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inform you, in writing, of the reasons for the delay and the date by which KEHP will provide the accounting.

KEHP must provide you with a written accounting that meets the following requirements. The accounting must include (1) the disclosures of PHI that occurred during the six years (or such shorter time period at the request of the individual) prior to the date of the request for an accounting; (2) disclosures to or by business associates of KEHP; (3) the date of the disclosure; (4) the name of the entity or person who received the PHI and, if known, the address of such entity or person; (5) a brief description of the PHI disclosed; (6) a brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu of such statement, a copy of a written request for disclosure, if any.

If, during the period covered by the accounting, KEHP has made multiple disclosures of PHI to the same person or entity for a single purpose, the accounting may provide (1) the information (dates, names, descriptions, statement of purpose) from above with respect to the first disclosure during the accounting period; (2) the frequency, periodicity, or number of disclosures made during the accounting period; and (3) the date of the last such disclosure during the accounting period.

If, during the period covered by the accounting, KEHP has made disclosures of PHI for a particular research purpose for 50 or more individuals, the accounting may, with respect to such disclosures for which the PHI about the individual may have been included, provide certain information as specified by HIPAA. KEHP shall, at the request of the individual, assist in contacting the entity that sponsored the research and the researcher.

KEHP must provide the first accounting to an individual in any 12-month period without charge. KEHP may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same individual within the 12-month period, provided that KEHP informs the individual in advanced of the fee and provides the individual with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

_____
Signature of KEHP Privacy Officer

Date Received:_____

Date Fee Received: _____ Fee Amount: _____

Date Copy Mailed to Member: _____