Request for Accounting of Disclosures

I hereby request an accounting of disclosures of my protected health information that Employee Assistance Program (EAP) and Work Life Services disclosed **for reasons other than treatment, payment, health plan operations, and certain permitted activities** as described in the Notice of Privacy Practices. We are not required to provide disclosures made prior to April 14, 2003.

I understand that your organization has sixty (60) days from the receipt of this request to provide the information to me, including the following items:

- Date(s) of disclosure
- Name of entity receiving the protected health information including the address, if known
- A brief description of the protected health information that was disclosed
- A brief description of the purpose of the disclosure.

If your organization is unable to provide this information within sixty (60) days, I understand that I will receive written notification by you with the reason for the delay. The additional response time shall not exceed thirty (30) days.

The first request for an accounting of disclosures in any twelve (12) month period will be without charge. A reasonable cost-based fee may be imposed for any additional request within the twelve (12) month period.

Please print the following information:

Name:_____ Date of Birth: _____

Daytime Phone: _____

Alternate Phone:_____

Address: _____

_____

_____

Signature: _____ Date: _____

Signature of Legal Representative

Only if individual is incompetent*: _____ Date: _____

If signed by Legal Representative, relationship to individual: _____

***If signed by Legal Representative, must provide representative documentation as required by state law, i.e., Health Care Power of Attorney, Health Care Surrogate, Living Will or Guardianship papers.**

To prevent a delay in fulfilling your request, please verify that all fields on the form are accurately completed. If information is missing, the form will be returned to you for completion.

Please attach a separate sheet if additional space is needed.

Please send this form to:
Harris, Rothenberg International, Inc. dba Humana EAP and Work Life Services,
100 William St., 10th Floor
New York, NY 10038

This organization follows the more stringent of all federal and state laws and regulations.