



HIPAA DISCLOSURE ACCOUNTING REQUEST

This form is for use by a West Region beneficiary or the beneficiary’s authorized representative to document the beneficiary’s request for an accounting of disclosures of protected health information (PHI).

SECTION A: BENEFICIARY REQUESTING ACCOUNTING

Name:			
Address:			
Telephone:		Email:	
Social Security Number:			

You have the right to an accounting of certain disclosures TriWest Healthcare Alliance (TriWest) made of your PHI. The maximum accounting period is the six years prior to your request. TriWest also does not have to account for the following disclosures made:

- for treatment, payment or health care operations activities, to you, to your personal representative, or pursuant to your authorization or permission, as part of a limited data set,
- for national security or intelligence purposes,
- to law enforcement officials or correctional institutions, or
- incidental disclosures permitted by the Department of Defense.

To exercise your right to request an accounting of disclosures regarding our use or disclosure of your PHI, please complete SECTION B.

SECTION B: REQUESTED ACCOUNTING OF DISCLOSURES

What period of time are you requesting accounting for?	From:	To:
Do you have any specific disclosures of PHI that you are interested in? If so, please describe.		

You are entitled to one free disclosure accounting every 12 months. TriWest will charge you \$100 for each additional accounting you request during the same 12-month period. You may withdraw your request for additional accountings within five working days of the request if you determine you do not wish to pay the service charge.

Signature of Beneficiary or Authorized Representative:	Date:
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If this request is by a personal representative on behalf of the individual, complete the following:

Personal Representative’s Name:
Relationship to Individual:

Please submit the completed and signed request to:

TriWest Healthcare Alliance
 Attn: HIPAA Privacy Official
 P.O. Box 2585
 Virginia Beach, VA 23450
 Fax: 877-875-1340