

INDIVIDUAL REQUEST FOR AN ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

I request an accounting of protected health information (PHI) disclosed about me by the Loyola University New Orleans Employee Benefit Plan ("Health Plan") during the past six years for purposes other than treatment, payment, health care operations, and other certain limited exceptions, in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).

I understand that the Health Plan has 60 days to respond to this request, and that if an extension is necessary, the Health Plan may obtain one 30-day extension by notifying me in writing of the reasons for the delay and the date by which it will respond to my request.

I request that the information be provided in the following format (circle one): Paper Electronic

If information is to be provided electronically, please indicate the email address to which it should be sent and/or the format in which the information is to be provided (e.g., Word or Excel file):

I understand that documentation of disclosures is not required if PHI is disclosed:

- for treatment, payment or health plan operations;
- to individual plan participants (or their personal representatives) about themselves;
- to next-of-kin or to those involved in an individual's care;
- for national security or intelligence purposes;
- to correctional institutions or law enforcement officials;
- based on an individual authorization;
- as part of a limited data set; or
- incidentally to another permissible use or disclosure.

I understand that I may obtain one accounting without charge for each 12-month period. I further understand that the Health Plan may charge me a reasonable cost-based fee for each additional accounting requested within any 12-month period.

Signature: _____

Date: _____

Please mail or fax the completed Form to: Donna Rochon, Privacy Officer for the Loyola University New Orleans Employee Benefit Plan, Human Resources Department, Loyola University New Orleans, 6363 St. Charles Avenue, Campus Box 16, New Orleans, LA 70118, 504.864.7272 (phone), 504.864.7100 (fax).