

**GROUP INSURANCE COMMISSION**  
**ACCOUNTING of DISCLOSURES OF**  
**PROTECTED HEALTH INFORMATION**  
**REQUEST FORM**

**Name:**  
**Address:**  
**SS #:**  
**Date of Birth:**

*You may ask for a list of disclosures of your Protected Health Information (PHI) made by the GIC (GIC) from a Designated Record Set. However, **the GIC is not required to list disclosures:***

- required to carry out treatment, payment and healthcare operations;
- made more than six years before your request;
- made prior to April 14, 2003;
- that you authorized;
- to you or your Personal Representative;
- made to law enforcement or correctional institutions.

The list is free once in any 12-month period. The GIC may charge you for any additional requests in the same 12-month period. The list that you have requested will be provided to you within 60 days unless the GIC notifies you in writing that a 30-day extension is needed.

I am asking for a listing of disclosures of my PHI for the following period of time [be specific]:

From: \_\_\_\_\_ To: \_\_\_\_\_

I am asking for a listing of disclosures of my PHI from the following kinds of records [be specific]:  
**(Keep in mind that the GIC maintains your enrollment information; contact your health plan or provider for claims or health information)** \_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_ I would like to pick up the list when it is ready.  
\_\_\_\_ Please mail the list to the address given above.  
\_\_\_\_ Please mail the list to this address \_\_\_\_\_

**Requester's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

THE FOLLOWING INFORMATION IS NEEDED IF THE REQUESTER IS A PERSONAL REPRESENTATIVE

\_\_\_\_\_  
**Print name**  
Type of authority (e.g., court appointed, custodial parent): \_\_\_\_\_

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**For GIC Use**  
Date request received: \_\_\_\_\_ Received by: \_\_\_\_\_