Commonwealth of Massachusetts
Group Insurance Commission

ACCOUNTING of DISCLOSURES
OF PROTECTED HEALTH
INFORMATION REQUEST FORM

ALL FIELDS MUST BE COMPLETED

Name: _____
Mailing Address: _____
Phone: _____
GIC ID or Last 4 of SSN: _____
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.

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

From:_____ To: _____

B. 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 you provide above.

***Requester's Signature**:*_____ ***Date**:* _____

Mail completed form to:
Group Insurance Commission
PO Box 556
Randolph, MA 02368

PERSONAL REPRESENTATIVES: Please fill out the required information, below, and attach documents proving that you are the Personal Representative.

Name of Personal Representative: _____
Type of authority (e.g., court appointed, custodial parent): _____

For GIC Use: **Date request received:** _____ **Received by:** _____