

## Request for Accounting of Disclosures

Highmark Blue Cross Blue Shield, Highmark Blue Shield & Affiliated Health Plans\*\*

Please return completed form to:

Highmark, Inc  
Privacy Operations  
120 Fifth Avenue Place, Suite 2114  
Pittsburgh, PA 15222

Please complete all fields. If information is missing, we will return the form to you for completion. If you need help with this form, contact the Customer Service number listed on your member identification card.

### MEMBER INFORMATION - (Please PRINT the information for the member whose PHI is being requested.)

Member Name:		Date of Birth:
Address:		
City:	State:	Zip:
Phone (Daytime):		Member ID:

### ACCOUNTING PERIOD - (Please choose ONE.)

- ☐ Within the six (6) years prior to the date of this request
- ☐ For the period from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### DELIVERY METHOD – (Choose how you would like to receive the report.)

- ☐ Mail to address above
- ☐ Secure email to: \_\_\_\_\_

I am requesting an accounting of how my protected health information (PHI) was disclosed by Highmark and its subsidiaries and affiliates (Highmark). As required by federal regulations. I understand that:

- Highmark does not have to tell me about disclosures:
  - made before April 14, 2003, the compliance date under the HIPAA Privacy Regulations;
  - made for purposes of treatment, payment, or healthcare operations;
  - made six years prior to the date of this request;
  - authorized by me or made to myself, my personal representative, others involved in my care;
  - for notification purposes (to notify a family member, personal representative, or other person of the individual's location, general condition, or death);
  - as part of a limited data set that has been de-identified;
  - for national security or intelligence purposes, correctional institutions, or to certain law enforcement agencies, or
  - that are incidental to an otherwise allowed or required use under HIPAA.
- Highmark has 60 days from the receipt of this request to provide the information or notify me that a one-time extension of an extra 30 days is needed to prepare the requested accounting of disclosures.
- I am entitled to one free accounting of disclosures in any 12-month period at no charge. A reasonable, cost-based fee may be charged for each additional request in a 12-month period.
- If my request for an accounting of disclosures is denied, I have the right to request a review of the denial decision.

\_\_\_\_\_  
Signature of Member or Personal Representative\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Member or Personal Representative

\_\_\_\_\_  
Relationship to Member

**\* If you are signing this form as a legal representative for the member, you must attach copies of your authorization as required by state law to represent the member (e.g., healthcare power of attorney, healthcare surrogate, or guardianship papers).**

Disclosures:

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association:

*Western and Northeastern PA:* Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life, Highmark Senior Health Company, Highmark Care Benefits Inc., or Gateway Health Plan, Inc. d/b/a Highmark Wholecare.

*Central and Southeastern PA:* Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company, Highmark Senior Health Company, or Gateway Health Plan, Inc. d/b/a Highmark Wholecare.

**PA:** Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.

*Delaware:* Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield or Highmark BCBSD Health Options Inc. d/b/a Highmark Health Options.

*West Virginia:* Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company, Highmark Senior Solutions Company, or Highmark Health Options West Virginia Inc. d/b/a Highmark Health Options and Highmark Blue Cross Blue Shield. Visit <https://www.highmarkbcbswv.com/networkaccessplan> to view the Access Plan required by the Health Benefit Plan Network Access and Adequacy Act. You may also request a copy by contacting us at the number on the back of your ID card.

*Western NY:* Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield.

*Northeastern NY:* Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.