



PART I - REQUEST FOR ACCOUNTING OF NON-ROUTINE DISCLOSURES OF PERSONAL HEALTH PLAN INFORMATION

HUMAN RESOURCES

Employee Support Services | One Washington Square | San José, CA 95192-0046

408-924-2250 | 408-924-2284 (fax)

- Instructions:**
- Please complete part I and return form to: Campus Privacy Contact Rick Casillo at the address above. If you have any questions you may contact Rick at (408) 924-2149.
 - Please print in ink.

You have the right to a list of certain disclosures the HCRA or group health plan sponsored by the California State University (collectively, the "Plan") has made of your health information. This is often referred to as an "accounting of disclosures." You generally may receive an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in similar situations as described in more detail in the Plan's Privacy Notice.

EMPLOYEE INFORMATION		
1. Employee Name:	1a. Employee ID Number:	1b. Employee Date of Birth:
1c. Employee Health Plan ID Number:	1d. Department/College Name:	
2. Name of Person Whose Records you are Requesting:	3. Your Name:	
2a. Relationship to Employee Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> <input type="checkbox"/> Other (please describe relationship):	3a. Your Relationship to Person in Box 2: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> <input type="checkbox"/> Other (please describe relationship):	
4. Mailing Address for Records:	4a: City, State, Zip Code:	

SECTION B: METHODS OF ACCESS

I understand that I can request an accounting of non-routine disclosures of personal health plan information once within any twelve (12)-month period, free of charge. If request accountings more frequently, I understand the Plan will charge me a reasonable, cost-based fee for each subsequent request.

The accounting of non-routines disclosures of PHI will include the following information:

- The date of disclosure;
- The name of the person or entity to whom information was made and the person's or entity's address (if known);
- A brief description of the information disclosed; and
- The reason for the disclosure.

I hereby request an accounting of any-routine disclosures of personal health plan information of the person named in Box 2 made by the Plan for the following time period **[Enter time period (disclosures can be requested for a time period for a period up six (6) years, beginning no earlier than April 14, 2004 for the external EAP and the HCRA plans)].**

Signature _____

Date _____



PART II – DETERMINATION FOR ACCOUNTING OF NON-ROUTINE DISCLOSURES OF PERSONAL HEALTH PLAN INFORMATION HUMAN RESOURCES

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DETERMINATION

After reviewing your request for an accounting of non-routine disclosures of personal health plan information, the Privacy Official has made the following determination [check one (1)]:

- Request Approved without a fee (see Section A below).
Request Approved with a fee (see Section B)
Request Denied (see Section C below)

SECTION A: REQUEST APPROVED WITHOUT A FEE

Your request for an accounting of non-routine disclosures of personal health plan information is approved.

Your requested accounting of disclosures is attached to this form. There is no charge for processing request.

SECTION B: REQUEST APPROVED WITH A FEE

Your request for an accounting of non-routine disclosures of personal health plan information is approved.

You requested and received an accounting of non-routine disclosures of personal health plan information, free of charge on [insert date that last free of charge accounting was disclosed]. The charge for processing this request is [insert fee], as a fee for preparation of you request for an accounting. You have the right to withdraw or modify your request for an accounting. Unless you contact the Privacy Official at the following address California State University, Office of the Chancellor, 401 Golden Shore, 4th Floor, Long Beach, CA 90802-4210 within 10 days from [insert date] to withdraw or modify your request, the Privacy Official will mail you your requested accounting and will send you a bill for [] which you agreed to pay by signing Part I of this form.

SECTION C: REQUEST DENIED

Your request for an accounting of non-routine disclosures of personal health plan information is denied because none of your PHI was discovered for a non-routine purpose.

If you wish to make a complaint, please contact the Privacy Official at 562-951-4420.

Name of Plan Representative

Signature of Plan Representative

Date of Determination