GUARDIAN℠

Accounting of Disclosure Request Form

You have the right to request an accounting of disclosures of your Protected Health Information (PHI).

Your request must state a time period that cannot be longer than six years and cannot include any dates before April 13, 2003. Your request should indicate in what form you want the list (e.g. paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Member Information: (Individual whose information will be released)

Name: _____ Date of Birth: _____
(First, Middle, Last) (Month/Day/Year)

Address: _____
City State Zip Code

Telephone Number: _____
(including area code)

Primary Subscriber Name: _____ Member ID: _____

Period of time for which you wish to see the disclosures.

_____ to _____

Disclosures should be sent ☐ first class mail ☐ electronically

Unless your state has different requirements, we are not required by federal law to include any of the following disclosures of your protected health information in an accounting to you:

- Disclosures to carry out treatment, payment and health care operations;
- Disclosures made to you or your personal representative;
- Disclosures made to persons involved in your care or notification of next-of-kin or family members;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officials about inmates or others in custody;
- Disclosures made pursuant to your authorization; or
- Disclosures that occurred prior to April 14, 2003.

Print Name: _____ Relationship: _____

Signature: _____ Date: _____

Note that no accounting request will be processed unless you or your authorized representative have signed this form.

If you are an authorized representative (other than a parent of a minor child), you will need to provide documentation or an explanation of your authority to act for the member (e.g., Power of Attorney).

Please send this form to:

Guardian Direct Dental
P.O. Box 981587
El Paso, TX, 79998-1587