



Request for Accounting Disclosure

(effective 9/2013)

You may ask Care1st Health Plan and ONECare by Care1st Health Plan Arizona (Care1st) for a list of our disclosures of your protected health information (PHI). The list we give you will include disclosures made in the last six years, unless you request a shorter time or if less than six years have passed since April 14, 2003.

You are entitled to one disclosure accounting in any 12-month period at no charge. If you request any additional accounting less than 12 months later, we may charge a fee. An accounting does not include certain disclosures – some examples include: disclosures to carry out treatment, payment, and health care operations; disclosures that occurred prior to April 14, 2003; disclosures for which Care1st had a signed authorization; disclosures of your PHI to you; disclosure notifications for disaster relief purposes; or disclosures to persons involved in your care and persons acting on your behalf. *Please refer to Care1st’s “Notice of Privacy Practices” for additional information.*

To request an accounting of your PHI disclosures, you must complete this form and return it to Care1st at the address provided below.

VERIFY CURRENT INFORMATION (please print)

Date of Request: _____

Member Name: _____

Care 1st or ONECare ID#: _____

Member Date of Birth: _____

Member Phone Number: _____

Member Address: _____

YOUR REQUEST

Please specify the dates to which the accounting applies. You may not request an accounting of disclosures made before April 14, 2003 or disclosures made more than six years prior to the date of your request. Care1st will only consider disclosures occurring after the date of your last request for an accounting.

Go to next page

Please note:

- You may change or revoke (cancel) this request in writing at any time. Please mail your written request to change or revoke to the address below.
- Your request will not be processed if this form is not completely filled out, signed and dated.
- If you do not understand this form, or have any questions about this form, please contact Care1st at: 1-866-560-4042 (TTY 1-800-367-8939).

If you understand the above information, please sign and date below:

Member Signature (or authorized representative,
or legal guardian)

Date

If you signed and are not the Member, what is your relationship to the member and what is your phone number? Please respond below:

Note: Before Care1st can consider a request signed by anyone other than the member, we require verification of a person's authority to act on behalf of the member (if not already on file). If member cannot give consent due to age, Care1st may require additional information before we can consider this request.

Return this form to:

Care1st and ONECare by Care1st Health Plan Arizona
Attn: Privacy Officer
2355 E. Camelback Rd., Ste 300
Phoenix, AZ 85016

For Care1st use only:

Received Date: _____

Approve Deny

Is request for accounting made in the last six years or less, or if less than six years have passed since April 14, 2003? Yes No

If not, date of letter sent notifying member: _____

If yes, date accounting of PHI sent to member: _____