

Protected Health Information (PHI) Disclosure Accounting Request

Requesting Individual *(Please print)*

<i>First Name</i>	<i>Last Name</i>	<i>Member's Contract Number</i>
<i>Address</i>		<i>Daytime Telephone Number(s)</i>
<i>City</i>	<i>State</i>	<i>ZIP</i>

You have the right to an accounting of the disclosures MESSA or its business associates have made of your Protected Health Information (PHI). The maximum accounting period is the six years prior to your request. We do not have to account for disclosures made (a) for treatment, payment or health care operations; (b) to you, to your personal representative, or pursuant to your authorization or informal permission; (c) as part of a limited data set for research, public health or health care operations; or (d) incidental to an allowable disclosure and certain other disclosures.

Please specify the date range for the accounting of disclosures you are requesting.

<p>FROM _____ TO _____</p> <p><i>You are entitled to one disclosure accounting at no charge each 12 months. MESSA reserves the right to charge you a reasonable fee for each additional disclosure accounting you request during the same 12-month period.</i></p>

If you are not the individual named above, please check the appropriate box below and provide a daytime telephone number where you can be reached. Please provide proof of your legal relationship to the individual if the individual is not your minor child.

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Personal Representative <input type="checkbox"/> Other _____

Please sign and date.

I request an accounting of the disclosures of my Protected Health Information made within the six years prior to the date of this request. I understand I am entitled to one disclosure accounting at no charge each 12 months. I agree to pay a reasonable fee for additional disclosure accountings if I have already received one within the previous 12 months.

<i>Signature:</i>	<i>Date</i>
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Sign and return this form to:
Privacy Officer, MESSA, PO Box 2560, 1475 Kendale Blvd., East Lansing, MI 48826-2560 or Fax to 800.693.5160.
If you have questions, please call the Privacy Officer at 800.292.4910.