

Request for Accounting of Disclosures

I hereby request an accounting of disclosures that CarePlus has disclosed for reasons other than treatment, payment, health plan operations, and certain permitted activities as described in CarePlus' "Notice of Privacy Practices." CarePlus is not required to provide disclosures made before April 14, 2003.

I understand CarePlus has 60 days from the receipt of this request to provide the information to me, including the following items:

- Date(s) of disclosure
- Name of entity receiving the protected health information, including the address, if known
- Brief description of the disclosed health information
- Brief description of the purpose of the disclosure

If CarePlus cannot provide this information within 60 days, I understand I will receive written notice from CarePlus regarding the reason for the delay. The additional response time will not exceed 30 days.

The first request for an accounting of disclosures in any 12-month period will be without charge. CarePlus may impose a reasonable cost-based fee for any additional requests within the 12-month period.

Please print the following information:

Member name: _____ Date of birth: _____

Member ID: _____ Daytime phone: _____

Address: _____

Alternative phone: _____

Member signature: _____ Date: _____

Legal representative signature: _____ Date: _____

(*only if member is unable to sign)

Relationship to member: _____

Please note: If you are a legal representative for the member, you must attach copies of your authorization as required by state law to represent the member – for example, healthcare power of attorney, healthcare surrogate, living will, or guardianship papers.

To prevent a delay in fulfilling your request, please verify all fields on this form are complete and accurate. If information is missing, we will return the form to you for completion. Please attach a separate sheet if you need more space.

Please send this form to:
Privacy Office
P.O. Box 1438
Louisville, KY 40202-1438

Important: At CarePlus, it is important you are treated fairly. CarePlus Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities. The following department has been designated to handle inquiries regarding CarePlus' non-discrimination policies: Member Services, PO Box 277810, Miramar, FL 33027, 1-800-794-5907 (TTY: 711). Auxiliary aids and services, free of charge, are available to you. 1-800-794-5907 (TTY: 711). CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our Member Services number at 1-800-794-5907. Hours of operation: October 1 - March 31, 7 days a week, 8 a.m. to 8 p.m. April 1 - September 30, Monday - Friday, 8 a.m. to 8 p.m. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

Español (Spanish): Esta información está disponible de forma gratuita en otros idiomas. Favor de llamar a Servicios para Afiliados al número que aparece anteriormente.

Kreyòl Ayisyen (French Creole): Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele nimewo Sèvis pou Manm nou yo ki nan lis anwo an.

