american greetings

Request for Accounting of Protected Health Information

Purpose: This form is used to document an individual's request for an accounting of disclosures of protected health information.

SECTION A: Individual Requesting Disclosure Accounting

Individual's Name: _____

Address: _____

Telephone: _____ E-mail: _____

Social Security #: _____

SECTION B: To the Individual – Please read the following

You have the right to an accounting of certain disclosures we, or our business associates, have made of your protected health information. The accounting period is the 6 years prior to your request, except you are not entitled to an accounting of any disclosures made before April 14, 2003, which is our compliance date under the federal privacy rules. You are also not entitled to an accounting for disclosures we or our business associates made to carry out your treatment, payment for that treatment or our health care operations, made to you or to your personal representatives, made to your family, close friends and others involved in your health care, made for national security or intelligence purposes, or made to certain law enforcement agencies.

You are entitled to one free disclosure accounting each 12 months. You may be charged a reasonable fee for each additional disclosure accounting you request during the same 12 month period.

To request a disclosure accounting, please complete the signature block in Section C.

Section C: SIGNATURE

I have had full opportunity to read and consider the contents of this request. I understand that, by signing this form, I am requesting that American Greetings amend my protected health information as previously described.

Patient's Printed Name: _____ **Date:** _____

Patient's Signature: _____ **Date:** _____

If this authorization is signed by a personal representative on behalf of the individual, complete the following:

Patient's Representative Printed Name: _____ **Date:** _____

Patient's Representative Signature: _____ **Date:** _____

Relationship to Individual: _____

Please submit this request to:

American Greetings
AG Benefits Department
One American Blvd.
Cleveland, OH 44145

YOU ARE ENTITLED TO A COPY OF THIS REQUEST

Revised 5/2021