ALTERWOOD ADVANTAGE
Quality Care. Better Health.

Request for Accounting of Protected Health Information (PHI)

Please complete this form ONLY if you would like to make a request for an accounting of how Alterwood Advantage, uses and/or discloses your PHI.

1. REQUEST FOR AN ACCOUNTING OF THE USE/DISCLOSURE OF PHI

I hereby request an accounting of the use/disclosure of Protected Health Information maintained by the Alterwood Advantage.

Member Name:_____Date of Birth: _____

Address: _____

Telephone: _____ Member ID: _____

Name of person completing this form if different from member*:

_____ _____
Name *Relationship to Member*

* *Must be parent of a minor, legal guardian, or authorized HIPAA Appointee of the Member.*

2. PLEASE PROVIDE SOME INFORMATION ON YOUR REQUEST

Please provide the reason for why you are requesting an accounting of the use/disclosure of your PHI:

_____
_____
_____
_____
_____

3. RIGHTS CONCERNING YOUR REQUEST TO RESTRICTIONS ON USE/DISCLOSURE OF YOUR PHI:

a. You have the right to request that Alterwood Advantage provide an accounting of the uses and/or disclosures of PHI in the records that we keep on your behalf;

b. Alterwood Advantage reserves the right to deny your request foran accounting of the uses/disclosures of your PHI - in whole or in part- if: such uses and disclosures are pursuant to our normal payment, treatment or operations obligations.

c. Once the decision to grant or deny your request has been made, you or your authorizedrepresentative will receive a notification of the decision.

I understand that I may be charged a reasonable fee for copying the requested records and mailing the records (if requested). I further understand that Alterwood Advantage may or may not honor my request to provide an accounting of the uses/disclosures of the requested PHI.

Signature*:_____Date: _____

Signature of Member

*Signature must be that of the Member, authorized parent of a minor, legal guardian, or authorized HIPAAappointee of the member

Send your request to this address so that we can process it timely. Requests sent to persons, offices oraddresses other than the address listed above might be delayed.

Alterwood Advantage
Member Services
PO Box 4175
Timonium, MD 21094

You may call us toll free at 667-262-9412 or 1-866-675-3944. TTY users call 711. We are available 8 am – 8pm ET, 7 days a week from October 1 – March 31 and Monday through Friday from April 1 through September 30.