COMMUNITY HEALTH PLAN of Washington™
The power of community

Community Health Plan of Washington Request for an Accounting of Disclosures

Use this form to request a list of the times over the past six years when Community Health Plan of Washington (CHPW) shared your protected health information (PHI) with another person or organization. This includes the times CHPW shared your PHI outside of disclosures allowed by law.

1. **Member Name:** _____ **Date of Birth:** _____

Member ID Number: _____ **Date of Request:** _____

Member Address: _____

Member email: _____

Member Phone: _____ **Member Fax:** _____

Choose one: ☐ Ok to leave message with detailed information.
☐ Leave message with call-back number only.

2. I would like an accounting of disclosures for the following timeframe (e.g., From: 01/01/2015 To: 01/01/2020).

From: _____ **To:** _____

If you are only seeking an accounting of a certain type(s) of disclosure or disclosures to a specific person/organization, please describe the disclosures for which you are seeking an accounting:

_____

3. I understand that the accounting of disclosures will be provided to me within 60 days of the date of this request, unless CHPW extends the timeframe for an additional 30 days and provides me with a written statement for the reason(s) for the delay and the date by which I can expect to receive the accounting.

_____ _____ _____
Printed Name **Phone** **Date**

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_____
Signature

☐ Check here if you are signing as a personal representative and complete below. Please attach the appropriate documentation (e.g., Power of Attorney). This only applies if someone other than the member signed above.

Telephone Number of Personal Representative: _____

Personal Representative's relationship to the member: _____

4. Send the completed, signed request to:

Community Health Plan of Washington
Attn: Compliance Department
1111 3rd Ave, Ste. 400
Seattle, WA 98101
Fax: (206) 652-7006
Email: member.rights@chpw.org

If you have any questions or to obtain a full notice of your privacy rights, contact CHPW's Customer Service department at the following

If you are a Washington Apple Health (Medicaid) Member	**If you are a CHPW Medicare Advantage Member**
Contact Customer Service toll-free at 1-800-440-1561, Monday – Friday, from 8am to 5pm. If you are hearing or speech impaired, please call TTY 711 (toll-free). The notice is also available online at: https://www.chpw.org/for-members/your-privacy-and-rights/	Contact Customer Service toll-free at 1-800-942-0247, 7 days a week, from 8am to 8pm. If you are hearing or speech impaired, please call TTY 711 (toll-free). The notice is also available online at: https://medicare.chpw.org/member-center/member-rights/

If you are a Cascade Select Member Contact Customer Service toll-free at 1-866-907-1906, Monday – Friday, from 8:00 a.m. to 5:00 p.m. If you are hearing or speech impaired, please call TTY 711 (toll-free). The notice is also available online at: https://www.chpw.org/for-members/your-privacy-and-rights/	