

Request for Accounting of Disclosures



I hereby request an accounting of disclosures of my personal health information that ConnectiCare disclosed for reasons other than to facilitate treatment, pay claims, or health plan operations.

ConnectiCare will include disclosures made in the six (6) years prior to the date of this request or such shorter period of time that you indicate here _____.

I understand that ConnectiCare has sixty (60) days from receipt of this request to provide the accounting to me and that the following items will be included:

- Date(s) of disclosure
- Name of entity/person who received the information and address, if known
- Brief description of the information that was disclosed
- Brief statement of the purpose of the disclosure

If ConnectiCare is unable to provide this information within sixty (60) days, I understand that I will receive written notification from ConnectiCare of the reason for the delay and that the additional response time shall not exceed thirty (30) additional days.

The first accounting in any 12-month period is free of charge. A cost-based administrative fee may be charged for each subsequent request.

Please print the following information:

Member Name: _____ Member ID#: _____

Address _____ Group ID#: _____

_____ Date of Birth: _____

Signature of Member or Authorized Representative: _____ Date: _____

If signed by Authorized Representative, relationship to Member: _____

If signed by legal representative, please provide representative documentation as required by state law (e.g., Power of Attorney, Living Will, Guardianship papers).

Please send this form to:

ConnectiCare ▪ P.O. Box 4050 ▪ Farmington, CT 06034-4050 ▪ Attention: Member Services

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. ConnectiCare Insurance Company, Inc. is an HMO SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in ConnectiCare depends on contract renewal. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-224-2273 (TTY: 711). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-224-2273 (TTY: 711).