PrimeWest HEALTH™

Request to Access Protected Health Information (PHI) Accounting of Disclosure

General information

Member

First name _____ Last name _____ MI _____

Date of birth _____ PMI _____

Address _____

City _____ State _____ Zip _____

Daytime phone number _____

Requester, if other than member. *(You must be the member's parent, legal guardian, or holder of a power of attorney. Please attach legal documentation if you are a legal guardian or holder of a power of attorney.)*

First name _____ Last name _____ MI _____

Relationship to member _____

Accounting Disclosure request

☐ I would like to know to whom my protected health information (PHI) was disclosed for the following time period.

If more space is needed, please use a separate sheet.

Please read the following:

- This accounting will not include disclosures from more than 6 years ago for treatment, payment of health care services, or health care operations
- This accounting will not include disclosures to you or that you or your authorized representative approved
- This accounting will not include disclosures incidental to permitted uses and disclosures
- This accounting will not include disclosures to people involved in your care or for other notification purposes as permitted by Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations
- This accounting will not include disclosures as part of a Limited Data Set (as defined by the HIPAA Privacy Regulations) when it is reasonably unlikely that the information could be related to you
- This accounting will not include certain other disclosures protected by law, such as for national security, to correctional institutions, or for health oversight or law enforcement when the agency required PrimeWest Health to temporarily suspend member access to the accounting
- If this is the first time you have asked for an accounting in the past 12 months, it will be free. Otherwise, you may be charged a reasonable fee. PrimeWest Health's HIPAA Privacy Officer will tell you about the fee and you may modify or withdraw your request.
- PrimeWest Health's HIPAA Privacy Officer can't consider requests for accounting of disclosure until we get all of the information required by this form. Please make sure the entire form is completed before sending it to PrimeWest Health. If this form is not fully completed, PrimeWest Health will return it to you.
- By signing below, you certify the information you gave on this form is true and accurate to the best of your knowledge

Signature

Signature of requester _____ Date _____

Printed name _____

Mail request to:

Attn: HIPAA Privacy Officer
PrimeWest Health
3905 Dakota St
Alexandria, MN 56308

PLEASE NOTE: This request will be processed within 60 calendar days of receipt unless we notify you otherwise in writing.

*If you need help understanding the information in this document, please call Member Services at **1-866-431-0801** (toll free) for free language interpreter services. TTY users call **1-800-627-3529** or **711** (toll free).*

1-866-431-0801 (toll free); TTY **1-800-627-3529** or **711**

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ትኩረት፥ አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እርዳታ አገልግሎቶች፣ ያለ ምንም ክፍያ፣ እና ያለ ምንም መዘግየት ለእርስዎ ይገኛሉ። በተጨማሪም፣ መረጃን በተደራሽ ቅርፀቶች ለማቅረብ፣ ተገቢ ረዳት መርጃዎች እና አገልግሎቶች ከክፍያ ነጻ እና በጊዜ ይገኛሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: إذا كنت تتحدث العربية، فستكون خدمات المساعدة اللغوية متاحة لك مجانًا وبدون تأخير غير ضروري. بالإضافة إلى ذلك، تتوفر المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهُل الوصول إليها مجانًا وفي الوقت المناسب. يرجى الاتصال بالرقم أعلاه أو التحدث إلى مقدم الخدمة الخاص بك. Arabic

သတိပြုပါ- သင်သည် မြန်မာဘာသာ ဘာသာစကားဖြင့် ပြောဆိုပါက၊ အခမဲ့ ဘာသာပြန်ဆိုပေးသော ဝန်ဆောင်မှုများကို မလိုလားအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုတို့မရှိဘဲ အခမဲ့ ရရှိနိုင်ပါမည်။ ထို့အပြင်၊ အသုံးပြုခွင့်ရရှိထားသောပုံစံများတွင် သတင်းအချက်အလက်များ ပေးဆောင်နိုင်ရန်အတွက် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကို အချိန်နှင့်တစ်ပြေးညီ အခမဲ့ရရှိနိုင်ပါသည်။ အထက်တွင် ဖော်ပြထားသောနံပါတ်ကို ဖုန်းခေါ်ဆိုပါ သို့မဟုတ် သင်၏ဝန်ဆောင်မှုပေးသူထံ စကားပြောဆိုပါ။ Burmese

注意：如果您講繁體中文，我們將免費為您提供語言協助服務，且不會造成不必要的延誤。此外，還免費及時提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打上述電話號碼或與您的提供者聯絡。Chinese

ATTENTION : Si vous parlez Français, des services d’assistance linguistique gratuits sont à votre disposition gratuitement et sans délai inutile. En outre, des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont disponibles gratuitement et en temps opportun. Veuillez appeler le numéro ci-dessus ou parler à votre prestataire. French

CEEB TOOM: Yog tias koj hais lus Hmoob, muaj cov kev pab cuam lus pab dawb rau koj xwb thiab tsis muaj qhov qeeb li. Dhau no lawm, tseem muaj ntaub ntawv qhia txog cov cuab yeej pab hnov lus thiab cov kev pab cuam ua hom qauv ntawv uas mus siv tau dawb yam tsis sau nqi thiab raws sij hawm. Thov hu rau tus xov tooj saum toj no los sis tham nrog koj tus kws kho mob. Hmong

တိၢ်ဒိုဉ်- ဖဲနမ့ၢ်ကတိၤကညီကျိာ်နၣ်,သဘျုကျိာ်တၢ်ဟ့ဉ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်ကအိဉ်ဝဲဒဉ်လၢနဂီၢ်လၢတလိဉ်ဟ့ဉ်အပှၤဒီးတထုးတၢ်ဆၢကတီၢ်ဃံာ်ဃံာ်ဘဉ်နၣ်လီၤ. အမဲာ်ညါ, တၢ်နဉ်ဟူအပီးအလီလၢအဖိးမံဒီးတၢ်မၤစၢၤအ တၢ်ဖံးတၢ်မၤတဖဉ်လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢကွၢ်ဂီၤလၢတၢ်မၤနှၢ်သူအီၤညီနှဉ်ကအိဉ်ဝဲဒဉ်လၢအပှၤတအိဉ်ဒီးတၢ်ကဟ့ဉ်အီၤအဆၢကတီၢ်ဘဉ်ဘဉ်နၣ်လီၤ. ဝံသးစူၤကီးဘဉ်လီတဲစိနိၢ်ဂံၢ်လၢထးမ့တမ့ၢ်ကတိၤတၢ်ဒီးနပှၤဟ့ဉ်တၢ်မၤစၢၤတၢ်တကွၢ်. Karen

1-866-431-0801 (toll free); TTY **1-800-627-3529** or **711**

ជូរកត់ចំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃអាចរកបានសម្រាប់អ្នកដោយមិនគិតថ្លៃនិងដោយគ្មានការពន្យារពេលមិនចាំបាច់។ លើសពីនេះ ជំនួយ និងសេវាកម្មជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើបាន អាចរកបានដោយមិនគិតថ្លៃ និងទាន់ពេលវេលា។ សូមទូរសព្ទទៅលេខខាងលើ ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។ Khmer

주의: 한국어를 사용하시는 경우, 불필요한 지연 없이 무료로 언어 지원 서비스를 받으실 수 있습니다. 또한, 접근 가능한 형식으로 정보를 제공해 주는 적절한 보조 도구와 서비스를 무료로 적시에 이용하실 수 있습니다. 위의 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오. Korean

ຂໍ້ຄວນ ເອົາໃຈໃສ່: ຖ້າ ທ່ານ ເວົ້າ ລາວ, ການບໍລິການການ ຊ່ວຍເຫຼືອ ດ້ານພາສາ ແມ່ນມີ ໃຫ້ ທ່ານ ໂດຍບໍ່ເສຍ ຄ່າ ແລະ ໂດຍບໍ່ມີການ ຊັກ ຊ້າທີ່ບໍ່ ຈຳ ເປັນ. ນອກຈາກນັ້ນ, ການ ຊ່ວຍ ເຫຼືອ ແລະ ການບໍລິການ ສົມທີ່ເໝາະສົມໃນການສະຫນອງ ຂໍ້ມູນ ໃນຮູບແບບທີ່ສາມາດເຂົ້າ ເຖິງ ໄດ້ ແມ່ນມີ ໃຫ້ ໂດ ຍ ບໍ່ ເສຍ ຄ່າ ແລະ ທັນ ເວລາ. ກະລຸນາ ໂທ ຫາ ເບີ ໂທ ຂ້າງ ເທິງ ຫຼື ເວົ້າ ກັບ ຜູ້ ໃຫ້ ບໍລິການ ຂອງ ທ່ານ. Lao

HUBADHAA: Afaan Oromoo dubbattu yoo ta'e, tajaajilootni deeggarsa afaanii barfannaa hin barbaachisne malee bilisaan isiniif kennamu. Dabalataanis, odeeffannoo bifa argamuun danda'uun dhiyeessuf tajaajilliwwaniifi deeggarsiwwan dabalataa bilisaafi yeroosaa eeggate jira. Maaloo lakkkoofsa armaan olii irratti bilbilaa yookiin ogeessa fayyaa keessan haasofsiisaa. Oromo

ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи, которые оказываются безвозмездно и своевременно. Кроме того, бесплатно и своевременно предоставляются соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada kaalmada luqadda bilaashka ah ayaa laguugu heli karaa adiga lacag la'aan oo aan lahayn daahid aan lama huraan ahayn. Intaa waxaa dheer, caawimooyinka iyo adeegyada ku habboon si loogu bixiyo macluumaadka qaabab la heli karo ayaa lagu heli karaa lacag la'aan iyo waqti ku habboon. Fadlan wac lambarka kore ama la hadal adeeg bixiyahaaga. Somali

ATENCIÓN: Si habla español, los servicios gratuitos de asistencia en otros idiomas están disponibles para usted de forma gratuita y sin demoras innecesarias. Además, se dispone de ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles de forma gratuita y oportuna. Llame al número mencionado anteriormente o hable con su proveedor. Spanish

LƯU Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị, hoàn toàn miễn phí và không bị chậm trễ không cần thiết. Ngoài ra, các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp miễn phí và kịp thời. Vui lòng gọi số ở trên hoặc nói chuyện với nhà cung cấp của quý vị. Vietnamese

Civil Rights Notice

Discrimination is against the law. PrimeWest Health does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator
PrimeWest Health
3905 Dakota St Alexandria, MN 56308
Toll Free: 1-866-431-0801; TTY: 1-800-627-3529 or 711; Fax: 1-320-762-8750
Email: compliance@primewest.org

Auxiliary Aids and Services: PrimeWest Health provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 or TTY 1-800-627-3529 or 711. The call is free.**

Language Assistance Services: PrimeWest Health provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 or TTY 1-800-627-3529 or 711. The call is free.**

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office for Civil Rights, U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240 Chicago, IL 60601
Customer Response Center: 800-368-1019, TTY: 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)
In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201, St. Paul, MN 55104
651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)
You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.