



## Request for Accounting of Protected Health Information (PHI) Disclosures

Use this form to request an accounting of how your Protected Health Information (PHI) was disclosed by FirstCare Health Plans or its Business Associates. You are entitled to receive one free Disclosure Accounting in a twelve (12) month period. FirstCare Health Plans may charge a fee to process additional requests received within that period. **If you need assistance completing the form, please contact the Customer Service number listed on the back of your Member Identification Card.**

WHEN COMPLETED AND SIGNED PLEASE MAIL TO: **FirstCare Health Plans  
12940 N HWY 183  
Austin, TX 78750**

**NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.**

<b>Section A: The individual for whom an accounting of PHI disclosures is being requested. Please complete the following:</b>				
Name		Group #	Identification/Subscriber #	
Social Security Number		Date of Birth		
Address		City	State	ZIP
Area Code & Telephone Number		E-mail address (if available)		

<b>Section B: Please indicate the time period for the disclosure accounting being requested.</b>	
From:	To:
_____	_____
month/day/year	month/day/year

<b>Section C: Signature - This document must be signed by the individual, parent of a minor child or the individual's Personal Representative.</b>	
I request that FirstCare Health Plans provide an accounting of my PHI as specified in Section B above. I understand that I can only sign on behalf of a minor child under the age of 18, unless there is proof of legal guardianship.	
Signature: _____	Date: month/day/year _____

<b>Section D: If Section C is signed by a Personal Representative, please complete the information below:</b>				
If you are signing as a Power of Attorney, Legal Guardian, Executor or Administrator, please attach a copy of the Legal documents. You do <b>NOT</b> have to attach copies of these documents if they are already on file with FirstCare Health Plans.				
Personal Representative's Name		Relationship to Individual		
Personal Representative's Address		City	State	ZIP
Personal Representative's Area Code & Telephone Number		Personal Representative's E-mail address (if available)		