



Request for record of non-routine disclosures of protected health information

The Health Insurance Portability and Accountability Act allows you to request a record of certain disclosures of your protected health information (PHI). You can request information only about yourself, unless you are authorized to obtain it for another individual.

Upon receiving this request, Optum will report to you all PHI disclosures in the six years prior to the date of your request, except for disclosures made:

- For treatment, payment, or health care operations
- To you or someone legally authorized to act on your behalf
- To anyone pursuant to an authorization form completed and signed by you or your authorized representative
- Incidental use or disclosure otherwise permitted or required
- Any disclosure for use in a facility directory

Optum must provide the first accounting (record of non-routine disclosures) to you in any 12-month period without charge. For each additional request submitted by you during the same 12 month period, Optum may impose a reasonable, cost-based fee for each subsequent request, provided we inform you of the fee and provide you with an opportunity to withdraw or modify your request in order to avoid or reduce the fee.

Optum will respond to requests submitted by your authorized representative, such as a parent court-appointed representative or other family member, provided they are authorized by you to receive your PHI. However, we may ask for more information from you or your authorized representative to verify the right to act on your behalf. We will notify you if we are unable to respond to you within 60 days of receiving your request.

Your request for non routine disclosures only applies to services provided by Optum. To request disclosures made for services or benefits not provided by Optum, contact the company that provides those services or benefits.

If you have questions about this form, please call 1-800-777-3574 to speak with a customer service advocate.

Request for record of non-routine disclosures of protected health information

Use this form to request a report from Optum listing non-routine disclosures of your protected health information. When filling out this form, please complete all sections, print information clearly and provide your most current information. Once the request is approved, Optum will mail a report listing all non-routine disclosures of your protected health information to you or your authorized representative.

1. Patient information

_____ Last name	_____ First name	_____ Middle initial
_____ Mailing street address		_____ Apt. #
_____ City	_____ State	_____ ZIP
_____ Date of birth (mm/dd/yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F Gender	_____ Phone number with area code
_____ Date of injury (mm/dd/yyyy)		

2. Date range of information requested

I would like this information for the following dates:

From (mm/dd/yyyy) _____ to (mm/dd/yyyy) _____

Six years prior to the date of this request

Please note: Optum can provide a report covering a maximum of six years prior to the date we receive this request.

3. Patient/authorized representative signature

I authorize the release of an accounting of disclosures of my protected health information to be sent to me; to others as directed in a signed authorization; or to others authorized to act on my behalf, at the address stated in Section 1 of this form. I understand that this request does not apply to certain types of disclosures, including for treatment, payment or health care operations.

_____ Patient signature	_____ Date
_____ Authorized representative signature (if applicable)	_____ Date

Important: If legal documentation is not on file with OptumRx, the authorized representative, including the parent, legal guardian, or executor of an estate, must attach a copy of legal documentation to this form.

_____ Authorized representative's name	_____ Phone number with area code	
_____ Mailing street address	_____ Apt. #	
_____ City	_____ State	_____ ZIP
_____ Relationship to patient and Authority to Act for patient		

4. Please mail the completed form to:

Optum, Attn: Medical Records 175 Kelsey Lane, Tampa, FL 33619
or fax to: 1-888-579-0064

Please keep a copy of this form for your records. You also have the right to receive a copy of this authorization.