



Community Health Network 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 Network of Washington (CHPW) shared your protected health information (PHI) with another person or organization. This includes the times CHNW shared your PHI outside of disclosures allowed by law.

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

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

Enrollee Address: _____

Enrollee email: _____

Enrollee Phone: _____ **Enrollee 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 CHNW 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



**COMMUNITY
HEALTH NETWORK**
of Washington™

Cascade Select

powered by



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 enrollee signed above.

Telephone Number of Personal Representative: _____

Personal Representative's relationship to the enrollee: _____

4. Send the completed, signed request to:

Community Health Network of Washington
Attn: Customer Service Department
1111 3rd Ave, Ste. 400
Seattle, WA 98101
Fax: (206) 652-7050
Email: CustomerCare@chpw.org

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

Contact Customer Service toll-free at 1-866-907-1906, Monday – Friday, from 8am to 5pm.

If you have hearing or speech impaired, please call TTY 711 (toll-free).

The notice is also available online at: <https://www.cascadeselect.org/member-center/member-rights/>