

ACCOUNTING REQUEST FORM

You have the right to receive an accounting of any disclosures of your health and medical information made by affiliated entities AultCare Corporation, AultCare Administrative Group (AAG), and AultCare Insurance Company (AIC) which also does business as PrimeTime Health Plan and AultCare HMO. The following information is required in order for us to process your request.

Member Name

Date

Group Number

Member ID Number

Period of time for which you wish to see the disclosures made:

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Note that you can request a list of disclosures for any time period after April 14, 2003.

We are not required by law to include any of the following disclosures of your health information in an accounting to you:

- Disclosures made pursuant to an authorization signed by you or your representative;
- Disclosures to carry out our own or other providers' or plans' treatment, payment and health care operations;
- Disclosures made to you or your personal representative;
- Disclosures made to persons involved in your care and/or payment or notification of next-of-kin or family members;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officials about inmates or others in custody; or
- Disclosures that occurred prior to April 14, 2003.

If you request more than one accounting in any 12 month period, you may be charged for each subsequent accounting requested.

Print Name

Date

Signature*

Date

** Note we will not process any requests that are not signed by you or your representative. If you are the member's representative, please provide documentation or explanation of your authority to act for the member. If you do not have such documentation, please complete the **Authorization for Release of Information Form**.*

Please return the completed form to: ATTN: Privacy Coordinator, PO Box 6029, Canton, OH 44706.