

Request for List of Disclosures of Protected Health Information

Use this form to request an Accounting of Disclosures of your protected health information (PHI).

Section A: Requesting individual
Please complete the following:

Name:		Phone:
Address:		City:
State:	ZIP code:	Member ID number:

Please read and complete the following:

You have the right to an Accounting of Disclosures that we, or our business associates, have made of your PHI in the six years prior to the date of your request. However, we are not required to account for disclosures that were:

- Made to carry out treatment, payment or operations.
- To the patient or the patient's personal representative.
- Incidental disclosures made in connection with a use or disclosure otherwise permitted or required by HIPAA.
- Made to persons involved in a patient's care or as part of an inpatient directory.
- Pursuant to an authorization for release of information signed by the patient or patient's personal representative.
- For national security or intelligence purposes.
- To correctional institutions or law enforcement officials under certain circumstances.
- Part of a limited data set, when the recipient has executed a data use agreement, disclosed for research, public health or certain health care operations purposes.
- Made prior to April 14, 2003.

Section B: Dates of disclosures

Please specify the date range for the Accounting of Disclosures you are requesting:

Start:	End:
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You are entitled to one free disclosure accounting every 12 months upon request. We reserve the right to charge you a reasonable fee for each additional disclosure accounting you request during the same 12-month period.

Section C: Signature

I request an Accounting of all Disclosures of my PHI as specified above. I understand that I am entitled to one free disclosure accounting every 12 months. I agree to pay a reasonable fee for this accounting if I have already received one within the previous 12 months.

Signature:	Date:
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Section D: Personal representative

If you are not the member, please sign and date Section D of this form. Check the box that describes your relationship to the member. **If you are not a parent or legal guardian of the member, please attach proof of your relationship to the member (e.g., power of attorney, personal representative, etc.).**

Print name of personal representative:	
Signature of personal representative:	Date:

Parent or legal guardian Power of attorney Executor Other: _____

Please return this form to: First Choice VIP Care Plus
 Medicare Compliance
 3875 West Chester Pike
 Newtown Square, PA 19073

Discrimination is Against the Law

First Choice VIP Care Plus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. First Choice VIP Care Plus does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

First Choice VIP Care Plus

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact First Choice VIP Care Plus Member Services at 1-888-978-0862 (TDD/TTY: 711). We are available from 8 a.m. to 8 p.m., 7 days a week.

If you believe that First Choice VIP Care Plus has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- First Choice VIP Care Plus Grievances and Complaints Department, P.O. Box 7140, London, KY 40742-7140. Phone: 1-888-978-0862 (TDD/TTY: 711), Fax: 1-855-238-0395.
- You can file a grievance by mail, fax, or phone. If you need help filing a complaint or grievance, First Choice VIP Care Plus Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-978-0862 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérpretes sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para hablar con un intérprete, simplemente llame al 1-888-978-0862 (TTY: 711) de 8 a. m. a 8 p. m., los siete días de la semana. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，以回答您对于我们的健康或药物计划的任何问题。如需口译服务，您只需要每周七天、每天上午 8 时到晚间 8 时拨打我们的电话 1-888-978-0862 (TTY 711)。会说中文的人将为您提供帮助。这项服务免费。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan maaaring mayroon kayo hinggil sa aming planong pangkalusugan o para sa gamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-978-0862 (TTY: 711), 8 a.m. hanggang 8 p.m., pitong araw sa isang linggo. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay isang libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-978-0862 (TTY: 711) de 8 h à 20 h, sept jours sur sept. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương trình sức khỏe hoặc chương trình thuốc men của chúng tôi. Nếu quý vị cần thông dịch viên, xin gọi 1-888-978-0862 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày một tuần. Sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-978-0862 (TTY: 711) an, von 8 Uhr bis 20 Uhr, sieben Tage die Woche. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 주 7 일 오전 8 시에서 오후 8 시 사이에 전화 1-888-978-0862(TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового плана или покрытия лекарств, вы можете воспользоваться нашими бесплатными Услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-978-0862 (TTY: 711) с 8 утра до 8 вечера семь дней в неделю. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخطتنا الصحية أو العلاجية. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-888-978-0862 (TTY: 711)، من الساعة 8 صباحًا إلى الساعة 8 مساءً، على مدار أيام الأسبوع. ستحصل على المساعدة من قبل شخص يتحدث باللغة العربية، مع العلم بأن هذه الخدمة مجانية.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-978-0862 (TTY: 711), fra le 8 a.m. e le 8 p.m., sette giorni la settimana. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer dúvida que você tenha acerca do nosso plano de saúde ou de medicação. Para solicitar um intérprete, entre em contato conosco através do número 1-888-978-0862 (TTY: 711), disponível todos os dias da semana das 8h às 20h. Você será auxiliado(a) por alguém que fala português. Esse serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-978-0862 (TTY: 711), 8è nan maten pou 8è diswa, sèt jou sou sèt. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Oferujemy bezpłatne usługi tłumacza ustnego, który pomoże uzyskać odpowiedzi na temat planu zdrowotnego lub farmaceutycznego obejmującego leki i ich dawkowanie. Aby skorzystać z pomocy tłumacza mówiącego po polsku należy zadzwonić pod numer 1-888-978-0862 (TTY: 711), w godzinach od 8:00 do 20:00, siedem dni w tygodniu. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-978-0862 (TTY: 711) पर फोन करें सप्ताह के सातों दिन सुबह 8 बजे से रात 8 बजे तक। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Ukrainian: Ми надаємо безкоштовні послуги усного перекладу для відповіді на будь-які питання, які у вас можуть виникнути щодо нашого плану медичного або фармацевтичного страхування. Щоб скористатися послугою перекладача, просто зателефонуйте нам за номером 1-888-978-0862 (TTY: 711), з 8:00 до 20:00, 7 днів на тиждень. Хтось, хто володіє українською мовою, зможе вам допомогти. Це безкоштовна послуга.

Pashto:

موږ د ترجمان خدمتونه په وړيا توگه وړاندې کوو خو تاسو ته د هغه ټولو پوښتنو ځواب درکړو، چې تاسو یې زموږ د روغتیا یا درملو د پلان په اړه لرئ. د ترجمان ترلاسه کولو لپاره، موږ ته په 1-888-978-0862 (TTY: 711) د اوونۍ اووه ورځې، سهار له 8 څخه ماخوستن تر 8 بجو پورې زنگ ووهئ. یو پښتو ویونکی کس به ستاسو سره مرسته وکړي. دا خدمت وړیا دی.

Bengali: আমাদের স্বাস্থ্য বা ওষুধের পরিকল্পনা সম্পর্কে আপনার যেকোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যে দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, আমাদেরকে শুধু 1-888-978-0862 (TTY: 711) নম্বরে ফোন করুন, 8 a.m. থেকে 8 p.m. পর্যন্ত, সপ্তাহে সাত দিন। বাংলায় কথা বলেন এমন কেউ আপনাকে সাহায্য করতে পারবেন। এই পরিষেবা বিনামূল্যে প্রদান করা হয়।

Farsi:

ما از خدمات مترجم شفاهی رایگان برخوردار هستیم تا پرسش های احتمالی شما در مورد طرح بیمه سلامت یا دارو پاسخ دهیم. جهت دریافت یک مترجم شفاهی، در هفت روز هفته از ساعت 8 صبح تا 8 شب فقط با شماره 1-888-978-0862 (TTY: 711) تماس حاصل فرمایید. فردی که به زبان فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

Albanian: Ne kemi shërbime përkthimi falas për t'iu përgjigjur çdo pyetjeje që mund të keni në lidhje me planin tonë shëndetësor ose të ilaçeve. Për të patur një përkthyes, thjesht na telefononi në numrin 1-888-978-0862 (TTY: 711), 8:00-20:00, shtatë ditë në javë. Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim falas pa pagesë.

Dari:

ما خدمات ترجمان همزمان رایگان را عرضه می‌کنیم تا به کدام سوالی که ممکن است شما در مورد پلان صحی یا دوايي داشته باشید جواب بدهیم. برای برخورداري از یک ترجمان همزمان، در هفت روز هفته از ساعت 8 صبح تا 8 شام کافی است از طریق نمبر 1-888-978-0862 (TTY: 711) با ما به تماس شوید. شخصی که به لسان دری صحبت می‌کند می‌تواند به شما کمک نماید. این سرویس رایگان است.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-888-978-0862 (TTY: 711)**にお電話ください。通訳サービスは毎日午前 8 時から、午後 8 時までで、日本語を話す人 者が支援いたします。これは無料のサービスです。

First Choice VIP Care Plus is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

First Choice VIP Care Plus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.