



# FERRIS STATE UNIVERSITY

## HUMAN RESOURCES

### REQUEST FOR AN ACCOUNTING OF DISCLOSURES

*Part I: To Be Completed By Health Plan Participant; Employee, Spouse, or Dependent*

1. Please complete the following:

Employee Name: \_\_\_\_\_

Employee's Department: \_\_\_\_\_

Health Plan Participants Name: \_\_\_\_\_

Participant Relationship: Employee Spouse Dependent EA

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

2. Time frame for accounting of disclosures. NOTE: You can request an accounting of disclosures for dates up to 6 years prior to the date of your request, or disclosures made on or after April 14, 2004, whichever date is more recent.

From: \_\_\_\_\_ To: \_\_\_\_\_

3. Fees: There is no charge for the first accounting request in a 12-month period. For subsequent requests in the same 12-month period, Ferris State University ("FSU") may charge for its costs in providing the accounting.

This is my (please initial):

\_\_\_\_\_ First request within 12 months.

\_\_\_\_\_ Second (or more) request within 12 months. I understand that I may be charged a fee, and if so, someone from the HR Department will contact me with an estimate of the costs, and at that time I may decide to withdraw or modify this request.

4. By signing this document, I hereby warrant that I have truthfully represented my identity and that I am authorized to receive the information that I have requested. I understand that if I have misrepresented my identity or my authority, that FSU may seek whatever criminal and civil relief is available.

Participant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Dependents under age 18 require a parent or legal guardian's signature

5. Submit this form to the Privacy Officer (PRK-150).

420 Oak Street  
Prakken 150  
Big Rapids, MI 49307-2020

Phone: (231) 591-2150  
Fax: (231) 591-2978  
Web: www.ferris.edu



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*Part II: To Be Completed By the Privacy Officer.*

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Extension requested:    Yes: \_\_\_\_\_                      No: \_\_\_\_\_

Reason for extension: \_\_\_\_\_

Date extension notice sent (attached): \_\_\_\_\_

Date accounting sent (attached): \_\_\_\_\_

Request processed by: \_\_\_\_\_

Federal law requires the retention of this document and all documents concerning this matter for a period of six years, beginning on the date of the final disposition of this request.

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