



EQUITY-LEAGUE BENEFIT FUNDS
PENSION, HEALTH & 401(K)

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Equity-League Health Trust Fund (the “Plan”) Request for Accounting of Disclosures of PHI

Name of Individual: _____

Date: _____

I am requesting an accounting of disclosures of my PHI for the following time period
_____. (Note: The Plan will provide an accounting for disclosure for up to a period of six
(6) years or less, for disclosures made after April 14, 2003).

I understand that the accounting will not include disclosures for which an accounting is not required under the HIPAA privacy rules and under the Plan’s Right to Accounting of Disclosures of PHI Policy. I also understand that where the Plan provides an accounting to me, it will provide it once free-of-charge within a twelve (12) month period. Any additional request for an accounting within the twelve (12) month period will be subject to a reasonable cost-based fee.

Signature of Individual Requesting Accounting of Disclosures of PHI:

Signature of Personal Representative acting on behalf of the Individual, if the Individual is not making the Request for Accounting of Disclosures of PHI:
