

**LANCASTER GENERAL HEALTH
GROUP HEALTH PLAN
Request to Access Certain Disclosures of
Protected Health Information**

Lancaster General Health (LG Health), on behalf of the Group Health Plan (GHP), maintains a Privacy Policy in accordance with federal privacy rules. That Policy addresses how your Protected Health Information (PHI) is used or disclosed by the Group Health Plan.

This form is used to help you exercise your rights under the Group Health Plan's Privacy Policy. Please complete this form if you are requesting an accounting of certain disclosures of your PHI.

The Group Health Plans sponsored by LG Health include: LG Consumer, LG Select, LG Dental and LG Dental Plus.

Plan Participant's Request to Access PHI

Print Plan Participant's Name: _____

Plan Participant's Address: _____

Print Employee Name if different from Plan Participant: _____

Employee Number: _____

I hereby request to receive an accounting of all disclosures made of my protected health information (PHI) for reasons other than those expressly excluded from the accounting requirement by the Privacy Rule for the time period _____ through _____.

Participant/Employee Signature

Date

Please use this space to provide details of your request:

After completing this form, please submit your request to the HIPAA Privacy Official:

Lancaster General Health
Human Resources
555 North Duke Street
P.O. Box 3555
Lancaster, PA 17604-3555