REQUEST FOR ACCOUNTING OF PLAN'S DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

HIPAA Privacy Policy Form – For PHI Related to MPC Benefit Plans

Please complete the following information about the person whose PHI is subject to this request and the plan the request applies to:

Member Name (Please print)	SSN or Employee ID #
Patient Name (please print) and SSN	Relationship to Member
Street Address (City, ST, ZIP Code)	Email Address
Primary Contact Number	Best Time to be Contacted

I am requesting that I be provided an accounting of the disclosures of PHI for the above noted individual during the time period starting_____ and ending _____.

Please describe the specific PHI you are requesting disclosure of and which Marathon Petroleum benefit plan for which the request is applicable: *(Health Plan, Retiree Health Plan, Dental Plan, Pre-65 Retiree Dental Plan, Vision Plan, Pre-65 Retiree Vision Plan, Employee Assistance Program, Health Care Flexible Spending Account Plan, Health Reimbursement Account Plan, or Exchange Health Reimbursement Account Plan)*

_____

_____

_____

_____

_____

I understand that the accounting will not include disclosures for which an accounting is not required under the HIPAA privacy rules. I also understand that where the Plan provides an accounting to me, it will provide it once free of charge within a (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 **Date**

HIPAA Privacy Officer Comments:

___ Accept this request.

___ Reject this request. Reason:_____

___ Individual contacted.

Return completed form to:
MPC Benefits
Attn: HIPAA Privacy Officer
539 South Main Street
Findlay, OH 45840
privacy@marathonpetroleum.com