

THE PROCTER & GAMBLE COMPANY
HIPAA PRIVACY REQUEST FOR
ACCOUNTING OF DISCLOSURES OF
PROTECTED HEALTH INFORMATION

REQUEST

The Procter & Gamble Company and its subsidiaries (collectively, the “Company”) sponsor certain self-insured group health plans in the United States (collectively, the “Plan”).

Effective _____ [date], I, _____ [please print full name], am requesting an accounting of all disclosures of my Protected Health Information (“PHI”) by the Plan, or any of its Business Associates, for the period beginning _____ and ending on _____ [up to a maximum of six (6) years prior to the date of this request (three (3) years for requests of electronic health records related to treatment, payment, or healthcare operations)].

Specifically, I would like to limit this request for accounting to include disclosures only pertaining to the following [identify the accounting or specific event or treatment as specifically as possible]

Signature Date

[OR]

Representative/Relationship Date

**PLEASE DIRECT REQUESTS FOR ACCOUNTINGS
OR QUESTIONS REGARDING THIS FORM TO:**

**Band III Director, NA Health & Wellness, My P&G Services & US Benefits Delivery
2 P&G Plaza GO TE3 Cincinnati OH 45201**

**If related to South Boston On-Site Medical Plan: to the Band III Director Boston Site Medical
Leader**

**OSMP Manager, South Boston Medical Plan, The Gillette Company, One Gillette Park, Mail Stop
1Y9 South Boston, MA 02127**

For Plan Use Only

Date Request Received: _____

Response Due Date: _____

Date Response (attached) sent: _____