

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

PLAN'S RESPONSE

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

On _____ [date], the Plan received the above-stated request for an accounting. As of today, _____ [date no later than sixty (60) days following date of receipt of the request], the Plan takes the following action with respect to your request:

☐ Grants your request. Please see the enclosed accounting that contains for each disclosure: the date of the disclosure, the name of the entity or person who received the disclosure (and if known, his/her/its address); a brief description of the Protected Health Information ("PHI") disclosed; and a brief statement of the purpose of the disclosure and the basis for the disclosure.

☐ Denies your request. You do not have a right to an individual accounting and we have no relevant records because any disclosure of your PHI was due to any one or more of the following reasons:

For treatment;

For payment;

For healthcare operations;

To you;

Pursuant to your authorization;

For notification purposes;

For national security purposes;

To a correctional institution or for law enforcement purposes;

As part of a Limited Data Set;

Occurred more than six (6) years prior to the date on which the accounting was requested;
or

Was incident to an otherwise permitted use or disclosure.

☐ Requests a thirty (30) day extension of time within which to respond to your request for the following reason(s) _____

The Plan will act on your request by _____ [*date no later than ninety (90) days following date of receipt*].

[Plan]

By: _____

Its: _____

Date: _____

PLAN'S RESPONSE

☐ No charge, first accounting this twelve (12) month period.

☐ \$_____ [*reasonable cost-based fee for additional accountings within one twelve (12) month period*].

Please direct questions regarding this form or the Plan's complaint procedure 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