

## UNITED STATES OFFICE OF PERSONNEL MANAGEMENT WASHINGTON, DC 20415-1100

## FEHBP DATA EXPOSURE REQUEST FORM

1) OPM CASE NO:	2) DATE OF REQUEST:
( ) NDIL PRO	ESTIGATIONS STANDARD EXCEL FORMAT OTOCOL (aka "Chicago Request") AME TAPE FORMAT ( ) OTHER (Specify)
4) BEGINNING EXPOSURE DATE (5) ENDING EXPOSURE DATE (Moi (Note: Four years is recommended, unless there is a pa	
6) BENEFITS TYPE: ( ) MEDICAL ( ) MENTAL	L ( ) PHARMACEUTICAL HEALTH ( ) DENTAL
7) TYPE OF INVESTIGATION: (	) PROVIDER ( ) MEMBER
8) MEDIA: ( ) DISKETTE (	) CD-ROM ( ) MAIN FRAME TAPE
9) RESPONSE TIME FRAME: ( )	) RUSH (1-WEEK) ( ) 30-DAYS ( ) 45-DAYS
Du	ne Date:
10) ALLEGATION(S)	
11) SHARE ALLEGATION WITH 1	PRIVATE LINES OF BUSNESS/LOCAL PLANS: ( ) YES ( ) NO
12) SUBJECT(S) INFORMATION	
NAME(S): ADDRESS:	
SSN / TIN(S):	
13) OTHER RELEVANT INFORM	ATION
14) REQUESTING OFFICIAL'S CO	ONTACT INFORMATION
Name: Address: Telephone/E-mail: Telephone:	
15) PLEASE SEND DATA VIA: ( )	U.S. MAIL ( ) FEDERAL EXPRESS/UPS ( ) Encrypted E-MAIL

<sup>&</sup>quot;We understand that the HIPAA Privacy Rule, 48 C.F.R. § 164.528, requires that you provide the individual with an accounting of certain disclosures of his or her protected health information. You hereby are instructed under 48 C.F.R. § 164.528(a)(2)(i) to temporarily suspend the individual's right to receive an accounting of this disclosure to the U.S. Office of Personnel Management's Inspector General, made under 48 C.F.R. § 164.512(d), for a period of three years because it is believed that such an accounting to the individual would be reasonably likely to impede our activities."