



HEALTH CARE INFORMATION RELEASE ACCOUNTING FORM
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 58768 (Rev. 12-2009)

58768

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

* If multiple disclosures are to be made to the same person or organization over a period of time, one accounting will be sufficient. Indicate the first date of disclosure (after April 14, 2003), frequency or period of disclosure (e.g., once a week, each month), and date of last disclosure when known.

Please print all information clearly

PART A MEMBER INFORMATION						
Name (Last, First, Middle)				NDPERS Member ID		
Last Four Digits of Social Security Number				Date of Birth		
Health Plan ID						
* Date of Disclosure	Name of Individual and/or Organization To Whom Disclosure Was Made (Include address, if known)	Description Of How and What Information Was Disclosed			Purpose of Disclosure	Name of Employee Making or Approving Disclosure
		1. Circle Verbal, Paper or Electronic to indicate how the information was disclosed.	2. Provide a brief description of information disclosed.	3. Indicate if additional documentation or authorization supports this disclosure.		
		Verbal	Paper	Electronic		
		Verbal	Paper	Electronic		
		Verbal	Paper	Electronic		

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		4. Circle Verbal, Paper or Electronic to indicate how the information was disclosed.	5. Provide a brief description of information disclosed.	6. Indicate if additional documentation or authorization supports this disclosure.		
		Verbal	Paper	Electronic		
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