- You have the right to ask the Illinois Department of Healthcare and Family Services (Agency) to tell
  you how it has shared your personal health information on and after April 14, 2003.
- You may request this accounting of all disclosures for a period of time up to six years from the date
  of your request.
- You can also ask for a summary of the ways the agency has disclosed your personal health information.
- Within 60 days after it receives your request, the Agency is required to give you an accounting or the summary you have requested or tell you if it needs more time to respond to your request.
- The first accounting or summary in any 12-month period is free. If you request more than one accounting or summary in a 12-month period, the Agency can charge you a fee for the cost of the copies of your personal health information or the cost of preparing the summary. You can change your request to reduce the fee.

My Name:	Date of Birth:
Recipient I.D. Number (RIN):	
☐ I request that the Agency give me information:	e an accounting of the ways it has disclosed my personal health
for six years from the date	or this request
for this period of time:	From To
I request that the Agency give me a summary of the ways it has disclosed my personal health information:	
☐ for six years from the date	of this request
for this period of time:	From To
Signature:	Date:
Send this Personal Representative Designation or Revocation to:	If you have any questions, contact the Privacy Office at the address to the left, or the phone number below. The call is free.
Privacy Officer Office of the General Counsel Healthcare and Family Services 201 S. Grand Ave. East, 3rd Floor Springfield, IL 62763-1000	Toll-free telephone: 1-800-226-0768 (Health Benefits Hotline) Toll-free for persons using a TTY: 1-877-204-1012
Fax: 1-217-524-2397	e-mail address: