



Northern California Cement Masons Funds Administration, Inc.
220 Campus Lane, Fairfield, CA 94534-1499 • Telephone: (707) 864-3300

Request for Accounting of Disclosure of Protected Health Information (PHI)

Participant Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

Participant Social Security Number: _____

Request is for relevant disclosures made by the Plan and its Business Associates from

date: _____ to date: _____.

Check one:

- I have made a request for an accounting of disclosures within the past twelve months.
- I have not made a request for an accounting of disclosures within the past twelve months.

