

Request for Accounting of Disclosures of PHI

Name _____ Employee/Retiree SSN _____

Address _____

I request an accounting of the disclosures of my protected health information that the ArcelorMittal USA Inc. Benefit Plans or the I/N Tek and I/N Kote Benefit Plan have made since the following date (*date cannot be more than 6 years earlier than the date indicated below*): _____

I understand that the accounting of disclosures will not include the following disclosures:

- | | |
|---|---|
| <input type="checkbox"/> For payment or health care operations purposes | <input type="checkbox"/> To myself |
| <input type="checkbox"/> Those that are incident to a permitted use or disclosure | <input type="checkbox"/> Pursuant to my written authorization |
| <input type="checkbox"/> For national security or intelligence purposes | <input type="checkbox"/> To correctional institutions or law enforcement officials as permitted under law |
| <input type="checkbox"/> Those that occurred prior to April 14, 2003 | |

I understand that I may receive one accounting of disclosures during each 12-month period free of charge, and that I will need to pay for any additional accounting provided more than once during each 12-month period.

Signature

Date

FOR INTERNAL USE ONLY: