

REQUEST for ACCOUNTING OF DISCLOSURES of HEALTH INFORMATION

Please print all requested information to prevent delays in our response & provide completed form to your facility.

Patient

Name: _____
Last First MI Maiden or Other Name

Address: _____ City: _____ ST: _____ Zip: _____

Date of Birth: ____ - ____ - ____ Phone #: _____

I request an accounting for disclosures of my health information for the period: **From:** _____ **To:** _____

I understand that this accounting for disclosures will include disclosures made only to those organizations or persons *other than*:

- to those for whom use and disclosure of my health information was made to carry out my treatment, process payment for my health care, or carry out your operations;
- to myself or persons involved in my care;
- pursuant to my authorization;
- for national security or intelligence purposes;
- to correctional institutions or law enforcement officials under certain circumstance; or
- those occurring prior to April 14, 2003
- those exceeding a period of six years prior to the date of this request.

I understand that my request for an accounting of disclosures will be processed within 60 days of submitting this form. I will be notified of the need for an extension of not more than 30 days to process the request, the reasons for the delay and the date when I can expect to receive the requested accounting.

Please send this accounting by:

Paper Copy call at number above to pick up or mail to address above

* Email _____ or other electronic method _____

***For security of your records, all emails are routinely sent encrypted.**

Unencrypted email disclaimer: I understand that records sent through unencrypted email poses a security risk and that is my requested method of receipt. _____ (Please initial)

SIGNATURE OF INDIVIDUAL DATE OR SIGNATURE OF PERSONAL REPRESENTATIVE DATE

RELATIONSHIP TO INDIVIDUAL

FOR INTERNAL USE ONLY

Complete the sections below and place in patient record.

Notice of Decision

Disclosure Handling: Completed Denied

If denied, reason for denial is: Disclosures occurred prior to April 14, 2003
 Disclosure exceeds more than a six-year period
 No disclosures made for reasons other than those permitted as listed above.

Staff member who processed request Title Phone Date completed