



REQUEST FOR ACCOUNTING OF DISCLOSURES

Information Identifying the Individual Whose Accounting of Record Disclosures are Being Requested

Patient Name: _____ Date of Birth: _____

Address: _____ Phone No.: _____

I request an accounting of how my protected health information was disclosed by the Department of Health (DOH) or a business associated of DOH, as required by federal regulations. I understand that DOH does not have to tell me about the following types of disclosures:

- Disclosures for purposes of treatment, payment, and healthcare operations
- Disclosures to me or authorized by me
- Disclosures to persons involved in my care
- Disclosures for national security or intelligence purposes
- Disclosures to correctional institutions
- Disclosures made prior to April 14, 2003
- Disclosures incident to a use or disclosure otherwise permitted or required by law

Information Identifying the Time Period Requested

I want an accounting of disclosures that covers the following time period:

From Date: _____ To Date: _____

Method of Delivery

Please send my accounting to the following address:

I will pick up my accounting. Please call me when it is ready

I understand that DOH must give me the accounting of disclosures within 60 days, or tell me that an extra 30 days (or less) is needed to prepare it. I am entitled to a free accounting of disclosures in any 12 month period. Costs will be assessed for additional accountings.

Patient or Legal Representative

Date