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Request for Accounting of Disclosures of Health Information

I, _____, request an accounting for
(Print First and Last Name of patient/recipient)

disclosures of my protected health information for the period:

_____ to _____
(Month/Day/Year) (Month/Day/Year)

I understand that this accounting for disclosures may not include:

- Disclosures to any entity regarding my treatment, payment, or health care operations
- Disclosure to me or my personal representative
- Disclosures that I authorized by completing an authorization form
- Disclosures incident to a use or disclosure otherwise permitted or required by law
- Disclosures for national security or intelligence purposes (as specified in the Notice of Privacy Practices)
- Disclosures to correctional institutions or law enforcement officials under certain circumstances

I may receive the first accounting for disclosures within a 12-month period at no charge. If I am requesting a subsequent accounting within a 12-month period of another request, I will pay the charge of \$20 for this accounting.

I may receive an accounting of disclosures for a period of up to 6 years from the date of this request for disclosures that occurred after April 14, 2003.

A response to my request for the accounting of disclosures must be made within a 60 day time period. This period may be extended for another 30 days if I am provided with a written statement of the reasons for the delay and the date by which I will receive the accounting. There are also certain circumstances where my right to receive an accounting for disclosures of your health information may be temporarily suspended.

Send this accounting to:

Name _____

Address _____

City _____ State _____ Zip _____

Patient/recipient Signature

Date