

# Accounting of Disclosures Request (04/14/03)

Implemented 04/14/03

Name: \_\_\_\_\_ DOB / ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Record Holder: \_\_\_\_\_ Date of Request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I hereby request an accounting of disclosures made of my health information by the City for the following time frame (Please note the maximum time frame that can be requested is six years prior to the date of request):

From: \_\_\_\_\_ To: \_\_\_\_\_

I understand this accounting will not reflect any of the following:

- ▶ disclosures made to carry out treatment, payment or health care operations
- ▶ disclosures authorized in writing by me or my legal representative
- ▶ disclosures made to me or to my legal guardian
- ▶ disclosures made for facility directory
- ▶ disclosures made to assist in notifying a family member, personal representative, or another person responsible for my care of my location, general condition or death
- ▶ disclosures made for national security or intelligence purposes
- ▶ disclosures made to assist in disaster relief
- ▶ disclosures made to correctional institutions or law enforcement regarding inmates
- ▶ disclosures that occurred prior to April 14, 2003 or disclosures of public records by virtue of being created prior to April 14, 2003, even if such disclosure occurred subsequent to April 14, 2003

I understand there is no fee for the first accounting request in a 12-month period. For subsequent requests in the same 12-month period, I will be charged a reasonable fee which I agree to pay.

I understand this accounting will be provided to me within sixty (60) days of this request unless I am notified in writing that an extension of up to thirty (30) days is needed.

\_\_\_\_\_  
Signature of the Patient or Legal Representative

\_\_\_\_\_  
Date

Date received: \_\_\_\_\_ Date Accounting Sent: \_\_\_\_\_ Extension Requested: NO YES

Comments: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_