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## REQUEST FOR ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

To: Privacy Officer

From:

\_\_\_\_\_  
(Name of Individual)

\_\_\_\_\_  
(Name of Provider)

\_\_\_\_\_  
(Address)  
\_\_\_\_\_

I hereby request an accounting of non-routine disclosures of my protected health information ("PHI") pursuant to my rights under the HIPAA Privacy Rule (45 C.F.R. §164.528).

I understand that:

- my request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003
- the first list I request within a 12-month period will be provided to me free of charge
- for additional lists during the same 12-month period, I will be charged for the costs of providing the list; however, I will be notified of the cost involved and may choose to withdraw or modify my request.
- I must submit my request for an accounting in writing to your Privacy Officer.

I also understand that the accounting will NOT include:

- routine uses and disclosures to carry out treatment, payment, or health care operations
- disclosures that were made to me of my PHI or pursuant to my written authorization
- incidental disclosures that were made in the course of carrying out required or permitted uses and disclosures
- disclosures for the directory of a hospital or other facility, to family, friends or other persons involved in my care, or to disaster relief agencies
- disclosures for national security or intelligence purposes
- disclosures to a correctional institution or law enforcement official having custody of me, or
- disclosures as part of a limited data set used for research, public health, or health care operations.

Please provide an accounting of disclosures between the following dates:

from \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

\_\_\_\_\_  
Signature (Individual or Personal Representative)

\_\_\_\_\_  
Name of Personal Representative (if applicable)

\_\_\_\_\_  
(Date Signed)