

SSMHC Request for Accounting of Disclosures for Health Information

I, _____, request an accounting of disclosures of my health information for the period:
(Print Name)

FROM: _____ TO: _____

FOR THE PURPOSE OF: _____

The patient or patient's representative must read and initial where indicated.

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

Initials ___ 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 health care operations to myself or persons involved in my care or where I signed an authorization for release of information

Initials ___ for national security or intelligence purposes, to correctional institutions, or to law enforcement officials under certain circumstances (as specified in your Notice of Privacy Practices)

Initials ___ that occurred prior to six (6) years from this date of request.

Initials ___ I understand that I may receive the first accounting of disclosures within a 12-month period at no charge.

Initials ___ I understand that I am requesting a second or subsequent accounting in a 12-month period and will pay a charge for this accounting.

PATIENT NAME: _____

DATE OF BIRTH: _____ - _____ - _____ FORMER NAME: _____ MEDICAL RECORD # _____ MI
LAST FIRST MO DAY YR

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

Patient/Legal Representative

Signature: _____ DATE: _____ RELATIONSHIP: _____

- Send accounting to my mailing address above.
- Send accounting to my e-mail Address: _____

Accounting of Disclosures

- There were no disclosures known to us; which require accounting of your health information for the period you specified.
- As of this date: _____ disclosures of your health information were made to:
Date of Accounting

Date of Disclosure	Name and Address to whom disclosed	Description of information disclosed	Purpose of disclosure

- We are temporarily unable to process the accounting for disclosures you have requested due to:
 - a suspension required by law
 - other: _____ but will comply with your request by the date of: _____
 - If you have any questions concerning this accounting of disclosures, please contact our Information Privacy Official, [supply site name, address, and phone number and/or e-mail/web site]

FOR OFFICE USE ONLY:	LAST	PAID	
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