

Request for an Accounting of Disclosures

Date_____

Patient Name_____ DOB_____

Patient Address_____

Complete this section if requestor is not patient or mail to address is different than patient address.

Requested by_____

Legal authority_____

Mail to Address_____

Provide an accounting for the following dates:

From_____ To_____

Request must not exceed six years or begin prior to 4/1/03

I understand there will be a fee charged for more than one request within a 12 month period. See below.

Authorized Signature_____

Information/Instruction:

Fee Schedule: First Request no charge
Additional Requests within 12 months _____

Response Time: You will receive a response within 60 days.

Mail this form and a check for the fee (if applicable) to the address below. Be sure to sign the form and provide copies of any proof of legal authority needed.



For Health Care Office Use Only:

Date Rec'd	Rec'd By	Completion Date	Completion By	Review/Mail Date	Reviewed By

Action Taken: _____

Legal Authority Document Received _____

Identification Received _____

Request for Accounting of Disclosures Internal Processing Instructions

1. Provide this form to individuals who wish to request an Accounting of Disclosures.
2. Upon receipt of the completed form, record the date received and who received the form in the Office Use Only Section. We have sixty days under the Privacy Rule to fulfill the request or request a 30 day extension. Our internal policies require that we fulfill within thirty days or provide a status report to the requestor.
3. Record the completion date and by whom and forward the Accounting Report with this form to the person/area designated for review.
4. Review the accounting report to ensure it is complete and does not contain unreportable items. Review the request form for appropriate completion and authority of the requestor.
5. If approved for mailing, sign and date the request form and record the action taken. "Mailed Accounting Report attached" "Requested authority documents, holding report," etc.
6. Mail the Accounting Report only. File a copy of the Accounting Report and the Request form in the patient's file. Update the Accounting for Disclosures Log to reflect completion.