EVMS MEDICAL GROUP

ACCOUNTING OF DISCLOSURES OF HEALTH INFORMATION REQUEST FORM

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request an accounting of disclosures of health information that pertains to you. All disclosures made for reasons other than treatment, payment and health care operations are maintained in the medical record (unless exempt or prohibited by federal or state law). This list will indicate the dates the disclosure(s) were made, person(s)/entities receiving your information, a brief description of the information disclosed and the reason(s) for the disclosure. Upon request, a list can consist of up to six (6) years of disclosures, as described above.

We will provide this list of disclosures to you within 60 days of receipt of this request. You are entitled to receive one free list of disclosures every 12 months. Subsequent requests for this information will be subject to a charge.

REQUEST SECTION

I, _____ hereby request an accounting of disclosures
(Print name)

of my protected health information from _____ for the time
Department/Clinic

period _____ to _____.

Patient's Date of Birth or SSN: _____

_____ _____
Signature *Date*

Information to be:
- ☐ mailed
- ☐ picked up by patient
- ☐ transmitted electronically

……

(Office use only)

This section is to be completed by the reviewer:

Request received by:	**Request Reviewed by:**	**Disposition:** __ mailed __ picked up by patient __ transmitted electronically
Date received:	**Date of Review:**	**Date:**

Revised 4/2013