



Great Plains Women's Health Center Request For An Accounting Of Disclosures Of Health Information

Patient Information

Name

Social Security Number

Date of Birth

Requestor's Information (if not the patient)

Name

Relationship to the Patient

Source of Legal Authority

I request that the Great Plains Women's Health Center provide me with an accounting of disclosures that have been made regarding my health information for the time period from _____ to _____.

I recognize that the Great Plains Women's Health Center will not honor a request for an accounting that extends for a period longer than six (6) years and for any date prior to January 1, 2013.

I wish to receive an accounting of all disclosures made about the patient in the time frame noted above. I wish to receive an accounting of the following types of disclosures;

I understand that not all disclosures require tracking or need to be accounted for upon request by an individual. The following disclosures of PHI are **excluded**:

1. Disclosures made for **treatment, payment, and healthcare operation** purposes (§164.502)
2. Disclosures made to the **individual** (patient) or per their request (§164.502)
3. Disclosures made to **persons involved in the individual's care** (transfers or referrals) (§164.510)
4. Disclosures made for **national security or intelligence** purposes (§164.512(k)(5))
5. Disclosures to **correctional institutions or law enforcement** officials (§164.512(k)(5))
6. Disclosure made **prior to the date of compliance** with the privacy standards

I understand that if this is the first accounting that I have requested in any twelve (12) month period, then there will be no charge. However, if I have made previous requests for an accounting in the last 12 months, then I will be charged a reasonable fee. I understand that I may withdraw or modify this request at any time prior to the accounting being provided to me, and that if I withdraw my request I will not incur any charges. I understand that the Great Plains Women's Health Center has up to ninety (90) days to respond to this request.

Signature

Date