REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Date: _____

Name: _____
Date of birth: _____

Medical Record #: _____

I would like an accounting of how my protected health information was disclosed by UCDHS, as required by federal regulations. I understand that UCDHS does not have to tell me about the following types of disclosures:

- 1. Disclosures for purposes of treatment, payment and health care operations or as part of a limited data set.
- 2. Disclosures to me or disclosures authorized by me.
- 3. Disclosures for use in the hospital's directory.
- 4. Disclosures to persons involved in my care.
- 5. For notification purposes (to notify a family member, personal representative or other person of the individual's location general condition or death).
- 6. for national security or intelligence purposes.
- 7. To correctional institutions or law enforcement officials.
- 8. Disclosures made prior to April 14, 2003.
- 9. Disclosures incident to a use or disclosure otherwise permitted or required by federal law.

I also understand that my right to an accounting of some or all disclosures may be suspended by the government under limited circumstances.

I want an accounting of disclosures that the covers the following period:

(Note: the time period must be no longer than six years and may not include dates before April 14, 2003.)

I want the accounting of disclosures in the following form.

- **D** On paper
- □ Electronically *may not be available*
- Please send my accounting to the following address (provide an email address if you requested your accounting electronically:
- I want to pick up the accounting. Please call me at the following phone number when it is ready:

I understand that UCDHS must give me the accounting of disclosures within 60 days, or tell me that it needs an extra 30 days (or less) to prepare it.

I am entitled to one free accounting of disclosures in any 12 month period.

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with UCDHS, contact the Health Information Management Department at 734-5217. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Signature of patient or representative

If representative, give relationship