



REQUEST FOR ACCOUNTING OF DISCLOSURES

Patient Name _____ **Medical Record #** _____

Date of Birth _____ **Phone # (_____)** _____

Patient Address _____

Soc. Sec.# _____ **(Providing your SS# is voluntary, but necessary to accurately identify your medical records Failure to provide this information will likely delay the processing of your request).**

Approximate Dates of Treatment: _____

I request the University of Utah Health Sciences Center provide me with an accounting of disclosures of my protected health information between _____ (beginning date) and _____ (ending date).

I understand that my accounting of disclosures will NOT include disclosures:

- for treatment, payment, health care operations, or most uses within the Health Sciences Center;
- made with my authorization;
- made as part of a limited data set;
- that are restricted by a law enforcement official or public health agency; or
- made prior to April 14, 2003.

I understand that I may be charged for this information if I have previously requested this information within the previous 12 months. I have been informed of the approximate cost of \$_____ and agree to be financially responsible for this charge.

Signature of Patient or Representative Date

If Applicable, Name of Personal Representative*

*Description of Personal Representative Authority:

Parent Medical Power of Attorney

Other, explain: _____
and attach documentation.

Signature must be verified by U of U Health staff or notarization may be required. When complete, place in patient's medical record.

• _____
Signature of UHSC Staff Member Printed Name and Employee ID# Date

• SUBSCRIBED AND SWORN before me this ____ day of _____, 20____.

NOTARY PUBLIC

Residing in _____

My Commission expires: _____

UUHSC Internal Use Only

Request:

- Date Received: _____
- A 30 day extension as been requested. Reason: _____
 - Patient Notified of Extension On: _____
- Request Processed by (Name and Employee ID): _____
- Date Accounting Provided to Patient: _____

When complete, place in patient's medical record. If you have questions, contact the University Privacy Office at 7-9241.