

Request for Accounting of Disclosures of Health Information

Client Name _____ DOB _____

I _____ request that Ann Arbor Consultation Services provide an accounting of disclosures of my (or my child's: if child, child's name _____) protected health information for the period:

_____ to _____

(Month/Day/Year)

(Month/Day/Year)

I understand that this accounting for disclosures will not include:

- Disclosures to any entity regarding my treatment, payment, or health care operations
- Disclosure to me or my patient representative
- Disclosures that I authorized via completion of an authorization or release of information form
- Disclosures incident to use or disclose otherwise permitted or required by law
- Disclosures for national security or intelligence purposes (as specified in the Notice of Privacy Practices)
- Disclosures to correctional institutions or law enforcement officials under certain circumstances

I may receive the first accounting for disclosures within a 12 month period at no charge. If I am requesting a subsequent accounting within a 12 month period of another request, I will pay the charge of \$10.00 for this accounting.

I may receive an accounting of disclosures for a period of up to 6 years from the date of this request for disclosures that occurred after April 14, 2003.

A response to my request for accounting of disclosures must be made within 60 days of my request. This period may be extended another 30 days if I am provided a written statement of the reason(s) for the delay and the date by which I will receive the accounting. There are also certain circumstances where my right to receive an accounting for disclosures of my health information may be temporarily suspended.

Send this accounting to:

Name _____

Street Address _____

City _____ State _____ Zip _____

Client/Guardian Signature

Date

Witness Signature

Date

Ann Arbor Consultation Services

5331 Plymouth Rd Ann Arbor MI 48105 Phone 734.996.9111 Fax 734.996.1950

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