



REQUEST FOR ACCOUNTING OF DISCLOSURES

Patient Name _____
Date of Birth _____ Medical Record Number _____
Patient Address _____
Patient Phone _____

I would like to request an accounting of how my Protected Health Information ("PHI") was disclosed by the University of New Mexico Health Sciences Center and its health care components ("the HSC"). As required by federal regulations, I understand that the HSC does not have to tell me about the following types of disclosures:

- 1. Disclosures made prior to April 14, 2003.
2. Disclosures for purposes of treatment, payment, and health care operations.
3. Disclosures to me.
4. Disclosures from the hospital directory.
5. Disclosures to persons involved in my care.
6. Disclosures for notification purposes (to notify a family member, personal representative or other person of my location, general condition, or death).
7. Disclosures for national security or intelligence purposes.
8. Disclosures to correctional institutions or law enforcement officials.

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

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

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

I want an accounting of disclosures in the following form:

- Mail to: (Address) _____
I prefer to pick up the accounting. Please call me at the following phone number when it is ready to be to be picked up: (Phone Number) _____

I understand that the HSC must provide the accounting of disclosures within 60 days of my request or notify me that an extension of an extra 30 days (or less) is required to prepare it.

I am entitled to one free accounting of disclosures in any 12-month period. A fee of \$ 25.00 will be charged for every additional request in a 12 month period.

Signature: Patient/Parent/Personal Representative _____ Date _____

If other than patient, specify relationship: _____

Send completed request form to: University of New Mexico Health Sciences Center, Health Information Management Department, 2211 Lomas Blvd., N.E. Albuquerque, NM 87106