Date of this Request: _____

Request for Accounting of Disclosures

PATIENT INFORMATION

I understand I have the right to request an accounting of certain types of disclosures of my Protected Health Information ("PHI") for a specified timeframe.

Print Patient's Name: _____ Patient's Date of Birth: _____

Print your name if you are not the patient: _____

Check the box that identifies your relationship to the patient:

☐ Self ☐ Parent ☐ Guardian ☐ Power of Attorney ☐ Other _____

Print your mailing address so we can mail our findings to you: _____

Mailing address line 2: _____

Best phone number in case we have questions: _____

DATES REQUESTED

I understand I must submit the request in writing to the Health Information Management Department and must state the timeframe for which I want this listing, for example, 6 months or 2 calendar years.

I would like an accounting of disclosures for the following timeframe: _____

Please note that the maximum timeframe that can be requested is 6 years from the date of your request (date of signature).

FEES

I understand that there is no charge for the first request for an accounting in a 12-month period. For subsequent requests in the same 12-month period, the fee is $5.00. I will be notified if the fee applies to my request.

RESPONSE TIME

I understand that the accounting I have requested will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

Patient/Legal Representative Signature: _____ **Date/Time:** _____

THIS SECTION FOR WAKEMED USE ONLY

Date request received: _____

Disclosures for timeframe requested? ☐ Yes ☐ No Date notification of accounting mailed: _____

Fee applicable to this request? ☐ Yes ☐ No Date patient informed of need for payment of fee? _____

Date fee received: _____

Extension requested? ☐ Yes ☐ No If yes, reason for extension: _____

Date patient notified in writing of extension: _____

Print name of person who updated disclosure log: _____

Date disclosure log updated: _____

Patient Label placed here

WakeMed
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