



# Request an Accounting of Disclosures of Health Information

**SECTION A: Individual completes the following information.**

**Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

## REQUEST

I hereby request to receive an accounting of disclosures made by The Arc of Anchorage of my health information as follows (check all that apply):

- For all disclosures made during the six (6) year period prior to the date of this request, but not including disclosures made before April 14, 2003.
- For all disclosures made during the following time period: \_\_\_\_\_ through \_\_\_\_\_, but not including disclosures made before April 14, 2003.

I understand that, by law, this accounting will not include the following:

- a. Disclosures made for purposes of carrying out treatment, payment, or health care operations;
- b. Disclosures already made to me regarding my own health information;
- c. Disclosures made for The Arc’s directory or to persons involved in my health care;
- d. Disclosures made for national security or intelligence purposes;
- e. Disclosures made to correctional institutions or law enforcement officials; or
- f. Disclosures made prior to April 14, 2003 (the compliance implementation date for HIPAA privacy standards).

I also understand that The Arc of Anchorage may temporarily suspend my right to receive an accounting of disclosures made to a health oversight agency or law enforcement official if the agency or official has informed The Arc of Anchorage in writing that such an accounting would be reasonably likely to impede the activities of such agency or official.

I also understand that the first accounting, in any twelve (12) month period, will be provided to me at no cost. For any additional accounting requested within the same twelve (12) month period, The Arc of Anchorage may charge a reasonable fee for copy costs and mailing fees.

\_\_\_\_\_  
Printed Name of Individual

\_\_\_\_\_  
Individual’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Legal Representative/Guardian

\_\_\_\_\_  
Relationship to Individual

\_\_\_\_\_  
Legal Representative/Guardian’s Signature

\_\_\_\_\_  
Date

SECTION B: The Arc of Anchorage completes the following information.

Date Request Received from Individual: \_\_\_\_\_

Person Receiving Request: \_\_\_\_\_

Date Accounting Sent to Individual: \_\_\_\_\_

Person Sending Accounting: \_\_\_\_\_

**Method by which accounting was delivered:**

Mail     In-person     Electronic means     Other: \_\_\_\_\_

**CHECKLIST FOR RESPONDING TO REQUEST FOR ACCOUNTING:**

- Accounting includes disclosures of information that occurred during the time period as requested by individual.
- Accounting includes disclosures made to or by The Arc of Anchorage business associate(s).
- Accounting includes the date of each disclosure.
- Accounting identifies the name (and address, if known) of the entity or person to whom the disclosure was made.
- Accounting includes a brief description of the information that was disclosed.
- Accounting includes a brief statement of the purpose for the disclosure or, alternatively, a copy of the individual's written authorization or a copy of the written request for disclosure.
- If multiple disclosures were made during an accounting period to the same person or entity for the same purpose or pursuant to a single authorization, the accounting includes:
  - The frequency, periodicity, or number of disclosures made during the accounting period; and
  - The date of the last disclosure.

**TEMPORARY SUSPENSION OF INDIVIDUAL'S RIGHT TO RECEIVE ACCOUNTING:**

- Individual's right to receive an accounting of disclosures made to a health oversight agency or law enforcement official is temporarily suspended pursuant to the written notification received by The Arc of Anchorage from the agency or official. The suspension period expires on \_\_\_\_\_ (date).
- Individual was notified of this temporary suspension and the date of expiration.

Staff Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Staff Member

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Staff Member's Signature

\_\_\_\_\_  
Date