

**Polk County Board of County Commissioners
Patient Request for an
Accounting of Disclosures**

You have a right to receive an accounting of disclosures of protected health information (PHI) made by Polk County up to six years prior to the date of the request.

There will be no cost for the first accounting of disclosure prepared for you within any twelve-month period. However, you will be charged a reasonable fee for copying and preparation expenses for any accounting of disclosures made after the first accounting. If you are unsure whether or not you have received an accounting of disclosures in the last 12 months, contact Polk County's Privacy Officer at _____.

Please complete the following information so that we may assist you:

Print Patient's Full Name:

SSN or Other Patient Identifier:

I am requesting an accounting of disclosures of PHI made between:

_____ and _____
(date) (date)

Signature of Patient or Personal Representative: _____

Date Signed: _____

Please note, as determined by law, an accounting of disclosures does not include disclosures made for any of the following purposes:

- C For treatment, payment or health care operations related to providing you medical services.
- C Disclosures that were made to the patient or the patient's representative.
- C Disclosures that were made with the patient's authorization.
- C Incidental disclosures that may be overheard by someone else, such as two physician's discussing your treatment or a message left on an answering machine reminding you of an appointment.
- C For a facility directory or to persons involved in your care or for notification purposes.
- C For national security or intelligence.
- C To correctional institutions or to law enforcement officials regarding inmates.
- C As part of a limited data set.
- C Disclosures that occurred prior to the HIPAA compliance date, April 14, 2003.

For internal use only: Date Received: _____ Recipient: _____
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