

7.90 Disclosure Accountability Request

I, the undersigned, am requesting a list of disclosures of my protected health information since the date of _____ . I understand that it may require as long as 60 days to provide the listing of disclosures. Additionally, I understand that I may be charged a reasonable fee for any additional disclosure accountability requests made within the twelve months. Any fee for disclosure accountability requests (2nd or more within the same twelve month period) would require payment prior to the listing being made available for my use.

I understand that the Privacy Rule does not allow my healthcare provider to release information such as:

1. Psychotherapy notes;
2. Information intended for use in a civil, criminal, or administrative actions; and
3. Information that cannot be disclosed under the Clinical Laboratory Improvement Amendment.

patient name

patient signature

date