

TRINITY HEALTH
Request for Accounting of Disclosures of Health Information

SECTION A: Patient to complete the following.

DATE: _____

PATIENT NAME: _____ BIRTHDATE: _____

PATIENT ADDRESS: _____

PATIENT TELEPHONE NO.: _____ MED. REC.NO.: _____

REQUEST:

I hereby request to receive an accounting of disclosures made of my protected health information as follows **(CHECK ONE)**:

- For all disclosures made during the six (6)-year period prior to the date of this request.
- For all disclosures made during the following time period: _____ through _____
(not to include 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 (e.g. quality initiatives such as MediQHome, credentialing, etc);
- b. Disclosures already made to me regarding my own health information;
- c. Disclosures made for *Trinity Health* 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 pursuant to an authorization signed by me
- g. Disclosures made can be considered 'incidental' disclosures (eg. someone overhearing or seeing my name)
- h. Disclosures made pursuant to a 'data use' agreement whereby my information is used without identifying me by name or age or any other identifying element
- i. Disclosures made to TJC or Medicare carrier or intermediary audits
- j. Disclosures made to liability insurance carriers.

I also understand that *Trinity Health* may temporarily suspend my right to receive an accounting of disclosures made to a health oversight agency or a law enforcement official if the agency or official has informed *Trinity Health* 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 complimentary. For any additional accounting requested within the same twelve (12)-month period, *Trinity Health* may charge a reasonable fee for copy costs and mailing fees.

Signature of Patient or legal representative _____

Print name of legal representative _____

Relationship to Patient _____

SECTION B: *Trinity Health* to complete the following:

DATE REQUEST RECEIVED FROM PATIENT: _____

PERSON RECEIVING REQUEST: _____

* * *

DATE ACCOUNTING SENT TO PATIENT: _____

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 from *Trinity Health* or its *Business Associates* and **includes** information:

- That occurred during the time period as requested by the patient (not to exceed 6 years)
- Released to any State agency including Dept of Health/Cancer Registry/
- Released for Medicare Conditions of Participation Audits
- Released to the Office of Inspector General, OSHA, and DOJ
- Released to law enforcement – not involving inmates or persons who have signed an authorization
- Mandated by law (e.g. birth and death notifications to ND Dept of Vital Statistics/reportable injuries and infectious diseases)
- Used for judicial and administrative proceedings (custody/divorce issues where court ordered)

The Accounting includes:

- Dates of each disclosure
- Name (and address, if known) of the entity or person to whom the disclosure was made
- Brief description of the information that was disclosed
- Brief statement of the purpose for the disclosure
- Titles of the persons or offices responsible for receiving and processing requests for accounting by individuals
- 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
 - The date of the last disclosure

NOTE: *Trinity Health* must respond to a patient's written request for an accounting of disclosures within 60 days, but can add an additional 30-day extension, if necessary

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TEMPORARY SUSPENSION OF PATIENT'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 Trinity Health from the agency or official. The suspension period expires on _____
_____.

Patient was notified of this temporary suspension and the date of expiration.

Staff comments: _____

Signature of staff member _____ **Date** _____

Print name and title: _____

Signature of Privacy Officer _____

Date reported to Compliance, Privacy and Security Committee _____