

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Date: _____

Name: _____

Date of Birth: _____

Medical Record _____



I would like an accounting of how my protected health information was disclosed by UCDHS, as required by federal regulations. I understand that Fox Valley Psychiatry does not have to tell me about the following types of disclosures:

1. Disclosures for purposes of treatment, payment and health care operations or as part of a limited data set.
2. Disclosures to me or disclosures authorized by me.
3. Disclosures to persons involved in my care.
4. For notification purposes (to notify a family member, personal representative or other person of the individual's location general condition or death).
5. For national security or intelligence purposes.
6. To correctional institutions or law enforcement officials.
7. Disclosures incident to a use or disclosure otherwise permitted or required by federal law.

I also understand that my right to an accounting of some or all disclosures may be suspended by the government under limited circumstances.

I want an accounting of disclosures that the covers the following period:

(Note: the time period must be no longer than six years)

I want the accounting of disclosures in the following form.

☐ On paper mailed to the following address:

☐ I want to pick up the accounting. Please call me at the following phone number when it is ready:

I understand that Fox Valley Psychiatry must give me the accounting of disclosures within 60 days, or tell me that it needs an extra 30 days (or less) to prepare it. One free accounting of disclosures every 12 months.

You can fax this completed request form to us at: 920-214-1187 or drop it off at the office.

If you believe your privacy rights have been violated, you may file a complaint with Fox Valley Psychiatry or with the Secretary of the Department of Health and Human Services. To file a complaint with Fox Valley Psychiatry, mail a letter to Attn: Privacy Officer Fox Valley Psychiatry 4321 W College Ave, Ste 200, Appleton, WI 54914. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Signature of patient, representative or legal guardian

If guardian or representative, state relationship