

REQUEST FOR ACCOUNTING OF DISCLOSURES



You have the right to a list of certain disclosures that AKDHC/PKDHC has made of your health information. This is often referred to as an "Accounting of Disclosures". By completing this form your request for this information will be reviewed and responded to within 60 days.

Please complete the below information (any section that is left blank may delay our response to your request)

PATIENT INFORMATION			
Last Name	First Name		M.I.
Address	City	State	Zip
Date of Birth	Phone		

AKDHC/PKDHC is not required to account for disclosures of your protected health information made:

1. To you, the patient
2. For treatment, payment, or health care operations
3. For disclosures made with your written authorization
4. To persons involved in your healthcare
5. For National Security or intelligence
6. To correctional institutions or law enforcement officials

I request that AKDHC/PKDHC provide me with an Accounting of Disclosures of any non-authorized disclosures of my protected health information for the period: _____ to _____.

(Please note: the maximum time frame that can be requested is six years prior to the date of request. No accounting is available prior to April 4, 2003).

Patient or Legal Representative **Printed Name**

Patient or Legal Representative **Signature**

Date

If the above signature is the patient's Legal Representative complete the following:

LEGAL REPRESENTATIVE INFORMATION			
Last Name	First Name		M.I.
Address	City	State	Zip
Representative capacity (e.g. power of attorney, legal guardian, executor of estate):	Phone		

Submitting an Accounting of Disclosures Request Form:

All requests should be documented in writing and directed to the AKDHC/PKDHC Privacy Officer. Completed request forms should be mailed to the Privacy Office using the contact information below or handed to the office staff who will direct the request to the Privacy Office for you.

AKDHC Administration Attn: Privacy Officer
3333 East Camelback RD Suite 180
Phoenix, AZ 85018

Phone: 602-997-0484

OFFICE USE ONLY:			
Request Received By:		Date:	