

Request for Accounting of PHI Disclosed by Davis Behavioral Health

I request an accounting of all PHI disclosed by Davis Behavioral Health pursuant to the requirements of the Privacy Rule. I understand that this accounting will not include disclosures that were:

1. Made to me or my health care representatives.
2. Made to carry out the treatment, payment or operational activities of the organization.
3. For facility directory purposes or to discuss my healthcare with a family member or other individuals involved in my care or for other permitted notification purposes
4. Made for national security and intelligence purposes
5. Made to a correctional institution or to law enforcement and I am currently an inmate
6. Made incident to a use or disclosure that is otherwise permitted by the Agency
7. Made pursuant to an authorization
8. Made as part of a limited data set
9. Occurred prior to April 14, 2003

The period of time I am requesting the accounting for is from:

_____ to _____

I understand that this period of time can be for no longer than six years and cannot include any time period before April 14, 2003, the date the Privacy Rule became effective. I also understand that the first accounting I request in any 12 month period will be given to me for no charge.

Signed: _____

Date: _____

Print Name Below

For a client requesting more than one accounting in a 12 month period the following additional signature should be obtained:

I understand that because I have requested more than one accounting in a 12 month period that I will be charged the cost to Davis Behavioral Health for completing this accounting. I understand that this cost will be *\$.05 per page copied; *\$10.00 per hour to process, copy, or scan the information, which is the approximate cost of the staff who will take the time to copy or scan the chart; and *postage, when the client asks for the PHI to be mailed. Payment must be made at the time I receive the accounting or prior to the accounting being mailed to me.

Agreed and accepted: _____ Date: _____

Print Name Below

