

# 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 Name (Print): \_\_\_\_\_ DOB: \_\_\_\_\_

Phone (home or mobile): \_\_\_\_\_ Date of Request: \_\_\_\_\_

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).

All requests for Accounting of Disclosures 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

\_\_\_\_\_  
Patient or Legal Representative **Printed** Name

\_\_\_\_\_  
Patient or Legal Representative **Signature**

\_\_\_\_\_  
Date

OFFICE USE ONLY:			
Request Received By:		Date:	