Request for Accounting of Disclosures of Health Information

Mail the request to:

Delaware First Health
Compliance/Privacy Department
750 Prides Crossing
Suite 200
Newark, DE 19713
1-833-552-3876

Client Identification

Client Name:_____Date of Birth:_____Client ID #:_____

Client Address:_____
Street Apt # City State Zip

Client Home Phone #: (____)_____Client Wk. Phone #: (____)_____

Request for Accounting

I hereby request an accounting of the disclosures of my health information from this agency's designated record set(s) that was made to persons/agencies outside of this agency from _____ to _____(not to exceed a six (6) year period of time). I understand that the first accounting within a twelve (12) month period is without charge, but that I can be charged a reasonable fee for any additional accountings within the same time period. I also understand that the accounting will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed. I further understand this accounting shall not include the following disclosures:

- To me/my personal representative/other persons involved in my care;
- To carry out treatment, payment, and health care operations;
- Disclosures requiring authorization;
- Facility Directory;
- Disclosures for national security or intelligence purposes;
- To correctional institutions or law enforcement about a person in their custody;
- As part of a limited data set; or
- Disclosures that occurred prior to April 14, 2003.

_____ _____ _____
Signature of Client or Personal Rep Authority (If Personal Representative) Date

This Section for Company Use Only

Date Request Received by Agency_____

☐ **Request APPROVED**
Agency Requirements:
- ☐ Provide Client with copy of Accounting within 60 days of request
- ☐ Ensure disclosures were made after 4-14-03

☐ **Compliance with Request DELAYED for no more than 30 days**
Reason for Delay: _____
Date Accounting will be sent to client or personal representative: _____
Client/Personal Representative notified in writing of delay on: _____

☐ **Provision of Accounting of Disclosures to Oversight agencies or law enforcement suspended for:**
☐ 30 days (oral request) ☐ Specified Date/Event (written request) _____

☐ **Request WITHDRAWN by client or personal representative**

By:_____ _____ _____
Staff Title Date