



REQUEST FOR AN ACCOUNTING OF DISCLOSURES OF MEDICAL OR BILLING RECORDS

To submit a request for an accounting of disclosures, please complete, sign and return the attached form to:

HIPAA Contact Office
Health Information Services
St. Luke's Regional Medical Center
190 East Bannock
Boise, Idaho 83712

The attached form may be utilized to request an accounting of the disclosures of the medical or billing records maintained by us about you. Upon request, we are required to provide an accounting of the disclosures of your medical and billing records during the six years preceding your request.

We are not required to account for disclosures made for the purpose of carrying out treatment, payment or health care operations; disclosures made to you; disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts; disclosures for national security or intelligence purposes, disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure; disclosures that occurred prior to April 14, 2003; disclosures made pursuant to an authorization signed by you, incidental disclosures, or disclosures of a limited data set.

Likewise, we will not account for disclosures to certain research projects that did not require your prior authorization. We will, however, provide you with a list of all research projects that may have potentially received your information, and a description of the types of information that we released to them. If you reasonably believe that your information was released to a particular research project, we will assist you in contacting the entity sponsoring that research, upon request.

We may also be temporarily prohibited from accounting for disclosures made to health oversight agencies or law enforcement officials.

We usually respond to requests for accountings of disclosures within 60 days of receiving them. You may expect to receive a response or a notification of delay within that approximate time frame. The first accounting provided in any 12-month period is free of charge. All subsequent accountings within the same 12-month period will be subject to a charge, which must be paid before we will process the request for an accounting.

For more information about accountings of disclosures, you may contact the HIPAA Contact Office at (208) 381-1617. Note, however, that requests for accountings must be made in writing and verbal requests will not be accepted by Health Information Services.



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Please fill in the following:

Today's Date: _____

Patient's Name: _____

Medical Record Number (if known): _____

Birth Date: _____ Social Security: _____

Phone: (Home) _____ (Work) _____

Please list the dates for which you are requesting an accounting (may not be more than six years prior to the date of your request):

From _____ To _____

If you wish to limit the accounting to those disclosures made to a specific person or entity, please identify that person or entity here. If this section is left blank, an accounting of all disclosures made during the time period listed above (except those for which the Hospital is not required to account for) will be provided:

Signature

Date

If you are not the patient, please fill in the following:

Your Name _____

Your Relationship to the Patient _____

Your Address (if different than above) _____

Your Phone (if different than above) (Home) _____ (Work) _____

Signature

Date