

APPENDIX II

FORM 9

REQUESTS FOR AN ACCOUNTING OF DISCLOSURES OF HEALTH INFORMATION

CLAY COUNTY

REQUEST FOR AN ACCOUNTING OF DISCLOSURES OF HEALTH INFORMATION

Individual's information

Requestor's information (if not the individual)

Name

Name

Social Security Number

Relationship to the individual

Date of Birth

Source of legal authority

I request that Clay County provide me with an accounting of disclosures that have been made regarding my health information for the time period identified below.

From _____, 20____, to _____, 20____.

I recognize that the Clay County will not honor a request for an accounting that extends for a period longer than six (6) years from the date the accounting is requested.

I wish to receive an accounting of all disclosures made about the individual in the time frame noted above.

I wish to receive an accounting of the following types of disclosures:

I understand that this accounting will not contain information pertaining to disclosures made for the following reasons:

- For treatment, payment, or healthcare operations.
- To the individual or Legal Representative.
- For use in the Clay County's individual lists or directory.
- To person's involved in the individual's care, such as family members.
- For national security purposes.
- About an inmate to correctional institutions or law enforcement officials.
- To a health oversight agency or law enforcement official for the period of time that the agency or official asked to have the information not disclosed
- Made pursuant to a written authorization by the individual or personal representative.

I understand that if this is the first accounting that I have requested in any twelve (12) month period, there will be no charge for the accounting. However, if I have made previous requests for an accounting in the last 12 months, then I will be charged the following: twenty (.20) cents per page. I understand that I may withdraw or modify this request at any time prior to the accounting being provided to me, and that if I withdraw my request prior to the Clay County acting upon it, I will not incur any charges.

I understand that the Clay County has up to ninety (90) days to respond to this request.

Signature of Requestor

Date

Printed Name

ATTN: Clay County Privacy Officer