



REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Patient Name: _____

Address _____ Phone _____

Date of Birth: _____ Date: _____

I would like an accounting of how my protected health information was disclosed by FCC, as required by federal regulations. I understand that FCC does not have to tell me about the following type of disclosures:

- Disclosures for purposes of treatment, payment, and healthcare operations
- Disclosures to me or authorized by me
- Disclosures to persons involved in my care
- For national security or intelligence purposes
- To correctional institutions
- Disclosures incident to a use or disclosure otherwise permitted or required by federal law

I also understand that my right to an accounting of some or all disclosures may be suspended by the government under limited circumstances.

I want an accounting of disclosures that covers the following time period:

I want the accounting of disclosures in the following form:

- On paper
- Electronically
- Please send my accounting to the following address: _____

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- I want to pick up the accounting. Please call me the following phone number when it is ready: _____

I understand that FCC must give me the accounting of disclosures within 60 days, or tell me that an extra 30 days (or less) is needed to prepare it. I am entitled to a free accounting of disclosures in any 12 month period.

Signature of patient or representative

Date

Relationship to patient (if representative: _____)

**When you have completed this form, please return it to the designated FCC Clinic Front Office
We will respond to your request within 60 days of receipt**

Date received at FCC Front Office: _____