

Upon Completion of this Form:

- Make copy and file it in the patient's record administrative section
- Submit original to:  
SHC/LPCH  
Health Information Management Services  
300 Pasteur Drive, MC 5200  
Stanford, CA 94305

STANFORD HEALTH CARE  
LUCILE PACKARD CHILDREN'S HOSPITAL  
STANFORD, CALIFORNIA 94305



**ADMIN REQUEST FOR ACCOUNTING  
OF DISCLOSURES**

Under the Health Insurance Portability and Accountability Act (HIPAA), a patient, or his/her personal representative has the right to request an accounting of disclosures of Protected Health Information (PHI) contained in the medical and billing records. I understand SHC and LPCH do not have to tell me about the following types of disclosures:

1. Disclosures made prior to April 14, 2003;
2. Disclosures for purposes of treatment, payment, and health care operations;
3. Disclosures to me or my personal representative;
4. Disclosures made pursuant to a valid authorization;
5. Disclosures from the SHC/LPCH directory;
6. Disclosures to family, friends, or others involved in my care;
7. Disclosures for notification purposes (to notify a family member, personal representative or other person of the individual's location, general condition, or death);
8. That are incidental to an otherwise permitted use or disclosure;
9. Disclosures for national security or intelligence purposes;
10. Disclosures to correctional institutions or law enforcement officials;
11. Disclosures that are part of a limited data set that has been de-identified; or
12. Disclosures that are temporarily excluded at the request of a health oversight agency or law official.

If you would like to make a request for an accounting of all other disclosures, please complete the following:

Patient Name:	Date of Birth:	Medical Record # (if known)
Address:		Daytime telephone #
Accounting of records to include the following dates: <b>(Note: The time period must be no longer than six years and may not include dates before April 14, 2003)</b>		
From:	To:	
When the report is complete, please:		
<input type="checkbox"/> Mail to: (address) _____		
<input type="checkbox"/> I prefer to pick-up the accounting. Please call me at the following phone number when it is ready to be picked up: (phone number) _____		
<input type="checkbox"/> Secure email to: (email address): _____		
Signature:	Date:	If you are a personal representative, please specify your relationship to the patient:

I understand that SHC/LPCH must provide the accounting of disclosures within 60 days of my request or notify me that a one-time extension of an extra 30 days (or less) is required to prepare an accounting of disclosures.

I am entitled to one free accounting of disclosures in any 12-month period. A reasonable, cost-based fee will be charged for every additional request in a 12-month period.

IF THIS DOCUMENT WAS INTERPRETED: Interpreter used: _____		
PRINT SHC in-person interpreter name	Video or TEL Interpreter ID#	Language