

Request for Accounting of Disclosures of Health Information

Mail the request to:

Carolina Complete Health
 Privacy Office
 1701 North Graham Street
 Suite 101
 Charlotte, NC 28206

1-833-552-3876

or attach as an email to:

CCH_Compliance@Carolinacompletehealth.com

Client Identification

Client Name			
Date of Birth	/ /	Client ID Number	
Client Home Phone Number	() -	Client Work Phone Number	() -
Address			Apt/Suite Number
City	State	Zip Code	

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Request WITHDRAWN by client or personal representative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