High Rock Internal Medicine, P.A. Accounting Request Form

I, hereby request an accountin	g of uses or
disclosures of my medical records from High Rock Internal Medicin	e, P.A Under
federal law 104-191, also known as HIPAA, I am entitled to such an a	
or disclosures upon written request.	Ü
Policies and Limitations on Accounting of Uses or Disclosures	of Porsonal
Medical Records	/ Cisonal
medical Necolds	
□ Under federal law the accounting of uses and displacates that we	nerovido to vov will
Under federal law, the accounting of uses and disclosures that we	
exclude routine disclosures made for the purposes of treatment, b	
and healthcare operations. These purposes constitute the majority	y of uses and
disclosures that we make.	
☐ If an Electronic Health Record (EHR) system is in use, federal law	
accounting of uses and disclosures that we provide to you may in	clude routine
disclosures made for the purposes of treatment, billing and payme	ent, and healthcare
operations if you request that such uses and disclosures be included	led.
☐ Federal law specifies that the following types of disclosures be ex	
accounting we provide to you:	
 Disclosures made to you, of your own personal medical 	information
 Disclosures made pursuant to an authorization you exe 	
 Disclosures for a facility directory or other notification point 	
 Disclosures made for the creation of a limited data set 	p = = = =
 Disclosures that are incidental to otherwise permissible 	disclosures
 Disclosures that occurred prior to the HIPAA Privacy Ru 	
deadline of April 14, 2003.	iic compilarice
☐ Under federal law, temporary suspension of use and disclosure a	ccounting may
occur for national security, national intelligence, health oversight,	
purposes.	or law embreement
·	vou will include
Our written accounting of uses and disclosures that we provide to	you will include
the following information for each disclosure:	tart and aton datas
The date of the disclosure (If multiple disclosures, the s	lant and stop dates
and the frequency of the disclosures will be included)	
 The name of the entity or person who received the infor 	mation, and, if
known, the address of such entity or person	
 A brief description of the information that was disclosed 	
 A brief statement of the purpose of the disclosure 	
☐ Federal law provides that we respond to your request for an accordance.	
disclosures of your personal medical information within a 60-day p	
take an additional 30 days to respond, if we provide a written expl	anation for the
delay.	
☐ Federal law provides that patients are entitled to one accounting €	every twelve (12)
months without charge. If you request more than one accounting	
month period, we will charge you 25 dollars.	` /

High Rock Internal Medicine, P.A. **Accounting Request Form**

Patient Name:

Address:	
Telephone: Email:	
	Patient or Personal Representative ent or Personal Representative
Date Description of	f Personal Representative's Authority
	▼ ▼ ▼ FOR OFFICE USE ONLY ▼ ▼
Received by:	
Date Received:	Time Received:
Disclosure Accounting Prepared:	
Acctng. Delivered:	
Staff Signature:	