

# Request for an Accounting of Disclosure of Health Information

## Your Rights

You have the right to ask for a listing of the persons or organizations we have shared your information with, subject to certain exceptions. This is known as a request for an Accounting of Disclosures.

- An Accounting of Disclosures is not a list of people who have viewed your electronic health record for treatment, payment, or Atrium Health's business activities.
- It does not include who we have shared your information with when we received an Authorization signed by you or when we have given you a copy of your record.
- In most cases, you will receive a letter in the mail within 60 days of the date we received your request.
- In some cases, we may need an additional 30 days, which the law allows. In this event, we will send you a letter telling you why and when you can expect to get an answer.
- The first request in a 12 month period is free.

To request an Accounting of Disclosures please complete this form and submit it to Atrium Health Navicent Corporate HIM 777 Hemlock St., MSC#148, Macon, GA 31201.

## Accounting of Disclosures of Health Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I would like an Accounting of Disclosures for the following timeframe: (Please note: an accounting of disclosures can only go back six years from today's date.)

From: \_\_\_\_\_ To: \_\_\_\_\_

Please specify the facility or practice from which you are requesting an accounting of disclosures:

Signature of Patient or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

If signing as authorized representative, describe your authority to act for the patient, and submit documentation showing such authority, as appropriate:

## For Atrium Health Use Only

Date request received: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title:

Comments:

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Place Patient Label Here