Name, MR#, Pat#, DOB

DENVER HEALTH MEDICAL CENTER

PATIENT REQUEST FOR AN ACCOUNTING OF DISCLOSURES

I would like a list (an accounting) of how my personal health information was disclosed by Denver Health, as required by federal regulations. I understand that Denver Health does NOT have to tell me about the following types of disclosures:

1. To carry out treatment, payment, and health care operations.
2. Disclosures made to me or authorized by me in writing.
3. Disclosures made for use in the hospital directory, or to persons involved in my care, or for other notification purposes (such as to notify a family member about my location or condition).
4. To federal officials for national security or intelligence purposes.
5. To a correctional institution or law enforcement official that has custody of me.
6. Information disclosed as part of a de-identified limited data set.
7. Disclosures incident to a use or disclosure otherwise permitted or required by law.

☐ I want an accounting of disclosures that covers the following time period:
From: _____ To: _____
(Note: the time period must be no longer than six years prior to the date of request)

☐ I want an accounting of disclosures in which my diagnosis and/or treatment relating to drug and/or alcohol abuse were disclosed

☐ I want an accounting of disclosures in which my diagnosis and/or mental health conditions were disclosed

Please send my accounting to the following address:

_____

_____

_____

In general, Denver Health must give me the accounting of disclosures within 60 days, or tell me that it needs an extra 30 days (or less) to prepare it. Denver Health will give me one free accounting of disclosures in any 12 month period. Additional accountings will cost $40 each.

_____ _____
Patient/Legal Representative Signature Date

_____
If representative, give relationship to Patient

Send to: 301 W. 6th Avenue, Denver CO, 80204
303-602-8000 (P)
DH_HIM@dhha.org

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.DenverHealth.org or by asking a Denver Health staff member.

For Denver Health Use Only:

Date Received: _____ _____
Signature and Title of HIM Staff

Accounting provided on: _____ by _____
Date Signature and Title of HIM Staff