

Division of Services for People with Disabilities  
**Request for Accounting of Disclosures**

Mail, fax, or email to:  
 DSPD Records Compliance Officer  
 195 North 1950 West  
 Salt Lake City, Utah 84116  
[dspddocuments@utah.gov](mailto:dspddocuments@utah.gov)  
 Fax: 801-538-4279

Per the Health Insurance Portability and Accountability Act (HIPAA), you have the right to make requests on your Personal Health Information. You may request an accounting of who DSPD has disclosed your medical information to. This right does not apply to disclosures made prior to July 1, 2016. In addition it does not apply to information that you have previously given consent to release. Please complete this form and have it notarized and submit it to DSPD's records compliance officer.

Today's Date: / /	First Name:	Last Name:
Street Address:		
City:	State:	Zip Code:
Home Phone: ( ) -	Work Phone: ( ) -	
Fax (if available): ( ) -	Email Address (if available):	

<b>Are you completing this request form on behalf of someone else? (check one)</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If Yes, what is the person's name and your relationship to that person?</b>		
First Name:	Last Name:	Your Relationship:

Please be specific and describe the nature of your request:

**If appropriate, attach a copy of all supporting documentation to this request form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insert Notary here:

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## For Internal Use Only:

Date Request Received: / /	Date records were sent: / /
Has the request been approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If <u>Yes</u> , describe how the request will be met, what information will be restricted and to who:	
If <u>No</u> , describe why the request has been declined:	
Additional comments by HIPAA Compliance Officer ( <i>if applicable</i> ):	

\_\_\_\_\_  
**HIPAA Compliance Officer      Date**