



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

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.

Insert Notary here:

Request for Accounting of Disclosures

For Internal Use Only:

Date Request Received:	Date records were sent:
Has the request been approved: Yes ☒ No ☐	
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

PRIVACY NOTICE: The information you provide will be used to review and process requests for accounting of disclosures. It will only be used by DHHS and, if needed, by individuals or parties contracted with DHHS. Without this data we cannot review and process requests for accounting of disclosures. This data is part of record series: 15376.