

Request for Accounting of Disclosures of Protected Health Information

Patient Name: _____
Last First MI Maiden or Other Name

Date of Birth: ____ - ____ - ____ Medical Record #: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Facility Visited _____ Approximate date: _____

I request an accounting for disclosures of my health information for the period: From: _____ To: _____

I understand that this accounting for disclosures will include disclosures made only to those organizations or persons *other than*:

- to those for whom use and disclosure of my health information was made to carry out my treatment, process payment for my health care, or carry out your operations;
- to myself or persons involved in my care;
- pursuant to my authorization;
- for national security or intelligence purposes;
- to correctional institutions or law enforcement officials under certain circumstance; or
- those occurring prior to April 14, 2003
- those exceeding a period of six years prior to the date of this request.

I understand that my request for an accounting of disclosures will be processed within 60 days of submitting this form. I will be notified of the need for an extension of not more than 30 days to process the request, the reasons for the delay and the date when I can expect to receive the requested accounting.

Please send this accounting by:

- Paper Copy (call at number above to pick up) or mail to address above
 Email _____ or other electronic method _____

*For security of your records, all emails are sent encrypted.

Unencrypted email disclaimer: I understand that records sent through unencrypted email poses a security risk and that is my requested method of receipt. _____ (Please initial)

SIGNATURE OF INDIVIDUAL DATE OR SIGNATURE OF PERSONAL REPRESENTATIVE DATE

RELATIONSHIP TO INDIVIDUAL

You may submit this form

- In person: to the nearest Concentra medical center
- By mail: Concentra Privacy Office
5080 Spectrum DR, Ste 1200 West, Addison, TX 75001
ATTN: Privacy Office
- By fax: 214-775-4408
- By email: PrivacyOffice@concentra.com

FOR INTERNAL USE ONLY

Complete the sections below and email this request to PrivacyOffice@Concentra.com or fax to 214.775.4408 with all records referenced in the request.

Notice of Decision

Confidential Handling: Completed Denied

- If denied, reason for denial is: Disclosures occurred prior to April 14, 2003
 Disclosure exceeds more than a six-year period
 No disclosures made other than those permitted as listed above.

Staff member who processed request Title Phone Date completed

Facility Name Location Number (if applicable)