Concentra®

Disclosure Accounting Request Form

Please Review Prior to Completing: This form is used for a patient to request a list of disclosures of his/her protected health information (PHI) other than the type of disclosures bulleted below that are not required to be part of a disclosure accounting request.

Patient Name: _____ (Last) _____ (First) _____ (MI) _____ (Maiden or Other Name)

Date of Birth: _____ **Medical Record Number:** _____ **Phone:** _____

Address: _____ **City:** _____ **St:** ___ **Zip:** _____

Facility Visited: _____ **Approximate Date(s):** _____

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 – mail to address above

* ☐ Email _____ [Mark an X here ☐ if you prefer the email is sent unencrypted]

_____ (Signature of Patient) _____ (Date) **Or** _____ (Parent/Legal Guardian/Authorized Person) _____ (Date)

_____ (Relationship to Patient)

For the most efficient processing

Please submit the completed form directly to the Concentra medical center where you received services. Our Location Finder tool on Concentra.com has contact information (phone number, fax number, mailing address) for Concentra.

You may also submit your request to the Concentra Privacy Office:

- By mail: Concentra Privacy Office, 4714 Gettysburg Road, Mechanicsburg, PA 17055
- By fax: 214-775-4408
- By email: privacyoffice@concentra.com

FOR INTERNAL USE ONLY

Facility: Refer to applicable internal procedure. Contact the Concentra Privacy Office with questions.

Disclosure Accounting Request: ☐ Completed ☐ Denied (The Privacy Office will provide the determination to the patient)

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

_____ (Leadership Colleague Handling Record Review) _____ (Title) _____ (Phone) _____ (Date Completed)

_____ (Facility Name)

Privacy-Disclosure Accounting-ENG 032020

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