UNIVERSITY OF ROCHESTER MEDICAL CENTER

and Affiliates

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

PATIENT INFORMATION Medical Record Number:_____

Print Patient Name:_____ Date of Birth:_____

Address: _____

City:_____ Telephone daytime: (_____)_____

State:_____ Zip:_____ Telephone evening: (_____)_____

Print Name and Address to send accounting of disclosure (if different from above):

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

ACCOUNTING OF DISCLOSURES REQUESTED FROM:

(Name of the URMC & Affiliates hospital/healthcare facility/physician practice from which accounting is requested):

_____

DATES REQUESTED

I would like an accounting of all disclosures for the following time frame.

Dates of accounting from: _____/_____/_____ to: _____/_____/_____

(Please note: the maximum time frame that can be requested is six years prior to the date of your request. We will not be able to include disclosures that were made before 4/14/03, since we were not required to collect this information until after that date.)

FEES

There is no charge for the first accounting request in a 12-month period per URMC & Affiliates facility. For subsequent requests from the same facility within a 12-month period, a fee may be charged. You will be notified in writing of any fee associated with this request.

RESPONSE TIME

I understand the accounting I have requested should be provided to me within 60 days. I will be notified in writing if an extension of up to 30 additional days is needed to fulfill my request.

_____ _____

Signature of Patient or Legal Representative Date

_____

Relationship if Legal Representative

For Health Care Organization use only

Date request received:_____ Due 60 days on _____ 30 day extension due:_____

Extension requested: ___ Yes ___ No Date Extension letter sent:_____

No fee for this request: _____ *or* Date fee letter sent: _____ Amount: _____

Date Fee received or request altered: _____

Date accounting sent:_____ Processed by: _____

(Retain this form with the completed Accounting of Disclosures provided to patient for 6 years)

Rev. 3/2016