



EMS

Issued: 04/28/2020
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Reviewed: 10/10/2024

SOG 400.0.00

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REQUEST FOR AN ACCOUNTING OF CERTAIN DISCLOSURES OF PROTECTED HEALTH INFORMATION FORM #6

Individual Data:

Requester's Name: _____

Address: _____

Phone Number: _____

Nature of Request for an Accounting:

I hereby request to receive an accounting of all disclosures made of my protected health information for reasons other than those expressly excluded from this accounting requirement by the Standards for Privacy of Individually Identifiable Health Information (often called the "Privacy Rule"). (CHECK ONE)

All disclosures (that are not excluded) made during the six (6)-year period prior to the date of this request, but not including disclosures made before April 14, 2003.

All disclosures (that are not excluded) made during the following time period:
_____ through _____ (not to include disclosures made before April 14, 2003).

Conditions Governing the Request for an Accounting:

- A. Under the Privacy Rule, the Terrell Fire Department and its Business Associates are required to provide an accounting of certain disclosures of protected health information to individuals who request the accounting. Specifically, the Privacy Rule does not require the Fire Department to account for the following disclosures:
 1. Disclosures made prior to April 14, 2003 (the compliance date for HIPAA Privacy Rule);
 2. Disclosures made for purposes of carrying out payment or health care operations;
 3. Disclosures made to the individual regarding his/her protected health information;
 4. Disclosures made for national security or intelligence purposes;
 5. Disclosures made to correctional institutions or law enforcement officials;
 6. Disclosures made pursuant to an authorization from the individual or his/her personal representative;
 7. Incidental disclosures made pursuant to the Privacy Rule; or
 8. Disclosures made as part of a "limited data set" (as defined by the Privacy Rule).
- B. Fire Department may temporarily suspend the individual's right to receive an accounting of disclosures it has made to a health oversight agency or a law enforcement official, if the agency or official has informed the Fire Department that such an accounting would be reasonably likely to impede the activities of such agency or official.
- C. The individual is entitled to one free accounting for each twelve (12) -month periods. For any additional accounting requested within the same twelve (12) -month periods, the Fire Department may charge a reasonable fee for copy costs and mailing fees. If facility



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charges a fee for copy and/or mailing costs, the individual will be provided an estimate of such cost prior to receiving the accounting. If the individual chooses not to pay such costs, the request will be deemed cancelled.

Signature: _____ Date: _____

If this request is by a personal representative on behalf of an individual complete the following:

Personal Representative's Name: _____
Relationship to the Individual: _____

FIRE DEPARTMENT/BUSINESS ASSOCIATE TO COMPLETE FOLLOWING:

Response to Request for Accounting:

Date request for accounting received: _____
Accounting Period: From: _____ TO: _____

If necessary, the Fire Department may take one 30-day extension from the date of receipt of the request to provide a response.

Extension notice sent on: _____.
Response date promised in extension: _____.
Reason given for extension: _____

[] Individual's right to receive an accounting of disclosures made to a health oversight agency or law enforcement official is temporarily suspended pursuant to the written notification received by the Fire Department from the agency or official. The suspension expires on: _____.

If requested accounting is the second or more accounting requested within the same twelve (12) month period, estimate the charge, if any, for copying and mailing.

Date estimated charge communicated to member: _____
Date member [] accepted [] rejected charge: _____

Date accounting sent to member: _____



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REQUEST FOR ACCOUNTING IS DENIED:

The request for accounting is denied for the following reason(s):

- [] Disclosures made prior to April 14, 2003 (the compliance implementation date for HIPAA Privacy Rule);
- [] Disclosures made for purposes of carrying out payment or health care operations;
- [] Disclosures made to individual regarding his/her protected health information;
- [] Disclosures made for national security or intelligence purposes;
- [] Disclosures made to correctional institutions or law enforcement officials;
- [] Disclosures made pursuant to an authorization from the individual or personal representative;
- [] Incidental disclosures made pursuant to the Privacy Rule; or
- [] Disclosures made as part of a “limited data set” (as defined by the Privacy Rule).

The individual was notified of the denial on: _____.

Signature of Fire Department/Business Associate Representative: _____ Date _____