|  |  |
| --- | --- |
| ou-logo | **The University of Oklahoma**      |

**Request for Accounting of Disclosures—Norman Campus**

|  |
| --- |
|  |
| Last Name: |  | First: |  | Middle: |  |
| Other Names Used: |  | Date of Birth: |  |
| Address: |       | City: |       | State: |       | Zip: |       |
| Home Phone: | ( )       |  Alt. Phone: | ( )       |  Cell Phone: | ( )       |
|  |

NOTICE TO PATIENT:

Your request for an Accounting of Disclosures of your protected health information is applicable **only** to the information maintained by the University of Oklahoma Norman Campus. If you would like to request an Accounting of Disclosures of your protected health information from any other University entity, a separate request must be submitted to that University entity. **(This request is applicable only to records disclosed by the OU Norman Campus.)**

**REQUEST FOR ACCOUNTING OF DISCLOSURES:**

I request an Accounting of Disclosures of the protected health information in my designated record set covering the period from \_     \_\_\_to\_\_\_     \_\_\_ (not to exceed 6 years, nor be for disclosures prior to April 14, 2003) maintained or created by the following providers of the University of Oklahoma Norman Campus.

|  |  |
| --- | --- |
| **Name of Physician or Other Provider** | **Department/ Clinic** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

I understand that the first accounting in a 12-month period is free of charge, but I can be charged a reasonable fee for any additional accountings during that period. I will be notified of any charge in advance.

**I understand that the accounting must include all disclosures, except for disclosures**

1. to carry out treatment, payment, or health care operations;
2. to individuals of protected health information about them;
3. incident to a use or disclosure permitted by the Privacy regulations;
4. pursuant to the individual’s Authorization;
5. to persons involved in the individual’s care or for a facility directory;
6. for national security or intelligence purposes;
7. to correctional institutions or law enforcement officials to provide them with information about a person in their custody;
8. as part of a limited data set; or
9. that occurred prior to April 14, 2003

|  |
| --- |
|  |
| Signature | Title, if Legal Representative\* | Date |

\*May be requested to show proof of representative status.