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

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

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

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

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

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