



REQUEST FOR ACCOUNTING OF DISCLOSURES
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 LEGAL DIVISION
 SFN 725 (5-2023)

You (or your legal representative), have the right to request an accounting of certain disclosures of your protected health information (PHI) made by a Department of Health and Human Services (Department) health plan, health care facility or program providing health care. **A separate request must be made to each Department health plan, health care facility, or program providing health care.**

CLIENT INFORMATION

| | | | |
|--------------------------------------------------------------------------------------------|------|---------------|----------|
| Client Name (Last, First, Middle Initial) | | Date of Birth | |
| Previous Names Used | | | |
| Address | City | State | ZIP Code |
| Name of the Department Health Plan, Health Care Facility, or Program Providing Health Care | | | |
| Telephone Number (if we have questions regarding your request) | | | |

An accounting is a list of each disclosure of PHI by a Department health plan, health care facility, or a program providing health care. An accounting does not include the following disclosures:

- Disclosures made more than six years before your request;
- Disclosures made before April 14, 2003;
- Disclosures authorized by you;
- Copies of your PHI given to you;
- Disclosures related to treatment, payment, or health care operations;
- Disclosures to family members, or others that you have identified as being involved in your care;
- Disclosures for national security or intelligence purposes;
- Disclosures made to correctional institutions or law enforcement officials as allowed by Federal HIPAA Privacy Rule;
- Disclosures otherwise permitted or required by Federal HIPAA Privacy Rule, 45 C.F.R. § 164.502; and
- Disclosures made as part of a limited data set as allowed by Federal HIPAA Privacy Rule.

Fees: The first request in a 12-month period is free. There may be a reasonable cost-based fee for subsequent requests if 12 months have not passed since your last request.

Unless a health oversight agency or law enforcement official requests the Department to temporarily suspend an accounting of disclosures, an accounting of disclosures will be provided within 60 days from the receipt of your request unless you are notified in writing that an extension of up to 30 days is needed.

I would like an accounting of disclosures for the following time period (be specific):
 From: _____ To: _____

| | | |
|---------------------------------------------|------------------------|------|
| Signature of Client or Legal Representative | | Date |
| If Legal Representative, Print Name | Relationship to Client | |

FOR DEPARTMENT USE ONLY

| | | | |
|-------------------------------------------|----------------|-------------------------|------|
| Date Received | Date Processed | Date Provided to Client | Fee |
| Printed Name of Department Representative | | Signature | Date |
| Comments | | | |