Saint Luke's Health System

Accounting of Disclosure Request

To obtain information on where protected health information was disclosed outside of treatment, payment purposes, healthcare operations or when authorized, please complete the below information. **This form is not for use if requesting information on who accessed a record.**

Name of Facility Providing Care:____

Patient Name:______________________________________ Birth Date:__________________

Address:____

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Phone Number: (____) ______-__________ Medical Record Number:_______________________

Date Range of Accounting: From:__________________ To:______________________

**Please note that the Accounting period is only required/maintained for six (6) years prior to date of request.*

Signature of Patient:__________________________________ Date/Time:__________________
(or Legal Representative)

Relationship to Patient if signed by Representative:_______________________________________

Please Return To: The entity HIM Dept. or
SLHS Privacy Office, 901 E. 104th St., Mailstop 300N, Kansas City, MO 64131

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FOR ORGANIZATIONAL USE ONLY **(To be completed by Privacy Office)**

Request Received By:______________________________ Title:______________________ Date:______________

Request Assigned To: ______________________________ Title:______________________ Date:______________

Date Accounting Due to Patient:______________________ **30-Day Extension Due Date:**_________________

Date **Receipt of Accounting** Request letter sent to patient:________________________

An Accounting will be returned to the patient 60 days from the date received. We are allowed a 30-day extension.

If a **30-day extension** was requested, enter date of letter sent:____

Fee Payment Received:______________________ (Date) **Payment Reminder** Sent:_____________________ (Date)

Date **Accounting Report mailed** to patient:______________________

$____________________ **Accounting of Disclosure Fee** (First request within a 12-month period has no charge)
(See policy for charges if more frequent. Log the accounting in the privacy tracking program.)

Notes:____

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Not a Part of the Permanent Medical Record