

**EAST CAROLINA UNIVERSITY
HEALTH CARE COMPONENTS
REQUEST FOR ACCOUNTING OF DISCLOSURES**

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The attached form may be utilized to request an accounting of the disclosures of the protected health information maintained by us about you in the above Health Care Component of the University. Upon request, we are required to provide an accounting of the disclosures of health information records during the six years preceding your request.

We are not required to account for disclosures made for the purpose of carrying out treatment, payment or health care operations; disclosures made to you; disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts; disclosures for national security or intelligence purposes, disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure; disclosures that occurred prior to April 14, 2003; disclosures made pursuant to an authorization signed by you, incidental disclosures, or disclosures of a limited data set.

Likewise, we will not account for disclosures to certain research projects that did not require your prior authorization. We will, however, provide you with a list of all research projects that may have potentially received your information, and a description of the types of information that we released to them. If you reasonably believe that your information was released to a particular research project, we will assist you in contacting the entity sponsoring that research, upon request.

We may also be temporarily prohibited from accounting for disclosures made to health oversight agencies or law enforcement officials.

We will respond to requests for accountings of disclosures within 60 days of receiving them. You may expect to receive a response or a notification of delay within that approximate time frame.

For more information about accountings of disclosures, you may contact the ECU HIPAA Privacy Officer at 252-744-5200. Note, however, that requests for accountings must be made in writing and will not be accepted by the Privacy Officer at this number.

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NOTICE TO PATIENT: Your request for an accounting of disclosures is **only** applicable to your protected health information in a designated record set maintained by:

_____ (Print Name of ECU Health Care Component)

If you would like an accounting of disclosures maintained by any other Health Care Component of East Carolina University, a separate request should be submitted to that area.

Patient's name _____ Date of Birth _____

Medical record # (if known) _____

Address _____

Phone # (H) _____ (W) _____

Please list the dates for which you are requesting an accounting (may not be more than six years prior to the date of your request):

From ____/____/____ To ____/____/____

If you wish to limit the accounting to those disclosures made to a specific person or entity, please identify that person or entity here. If this section is left blank, an accounting of *all* disclosures made during the time period listed above (except those for which the Practice is not required to account for) will be provided:

Signature _____ Date _____

If you are not the patient, please fill in the following:

Your name _____

Relationship to the patient _____

Address (if different than above) _____

Phone # (if different than above) (H) _____ (W) _____

Signature _____ Date _____