



ACCOUNTING OF DISCLOSURES REQUEST FORM

Client Name: _____

Date of Birth: _____

I would like an accounting of how my health information was disclosed by Napa County Health & Human Services Agency (Agency), as required by federal regulations. I understand that the Agency may not have to tell me about the following types of disclosures:

1. Disclosures for purposes of treatment, payment and health care operations or as part of a limited data set.
2. Disclosures to me.
3. Disclosures authorized by me.
4. Disclosures made prior to April 14, 2003.
5. Disclosures incident to a use or disclosure otherwise permitted or required by federal law.

I also understand that my right to an accounting of some or all disclosures may be suspended by the government under limited circumstances.

I want an accounting of disclosures that covers the following time period: _____

(Note: the time period may be no longer than six years and may not include dates before April 14, 2003.)

Please send my accounting to the following address: _____

I understand HHS must give me the accounting of disclosures within 60 days, or notify me that it needs an extra 30 days (or less) to prepare it.

I am entitled to one free accounting of disclosures in any 12-month period. Additional accountings will cost 25 cents per page.

For more information about your privacy rights, see our "Notice of Privacy Practices." Copies may also be obtained are also available at any of the Agency's health programs or by sending a written request to Napa County Health & Human Services Medical Records Department, 2751 Napa Valley Corporate Drive, Napa, CA 94558.

If you believe your privacy rights have been violated you may file a complaint with the Napa County Privacy Officer or the Secretary of the Department of Health and Human Services. To file a complaint with the County Privacy Officer please call (707) 259-8349 or address a written complaint to P.O. Box 66794, Napa, CA 94581. **You will not be penalized for filing a complaint.**

Signature of patient or representative: _____

If representative, give legal relationship: _____