

Request for an Accounting of Disclosure of Health Information

Your Rights

You have the right to ask for a listing of the persons or organizations we have shared your information with, subject to certain exceptions. This is known as a request for an Accounting of Disclosures.

- An Accounting of Disclosures is not a list of people who have viewed your electronic health record for treatment, payment, or Atrium Health's business activities.
- It does not include who we have shared your information with when we received an Authorization signed by you or when we have given you a copy of your record.
- In most cases, you will receive a letter in the mail within 60 days of the date we received your request.
- In some cases, we may need an additional 30 days, which the law allows. In this event, we will send you a letter telling you why and when you can expect to get an answer.
- The first request in a 12 month period is free.

To request an Accounting of Disclosures please complete this form and submit it to Atrium Health Wake Forest Baptist, Health Information Management, Medical Center Blvd., Winston Salem, NC 27157 or you may fax to: 336.716.5386.

Accounting of Disclosures of Health Information

Name: _____ Date of Birth: _____
Street Address: _____ City, State, Zip Code: _____
E-mail Address: _____ Telephone Number: _____

I would like an Accounting of Disclosures for the following timeframe: (Please note: an accounting of disclosures can only go back six years from today's date.)

From: _____ To: _____

Please specify the facility or practice from which you are requesting an accounting of disclosures:

Signature of Patient or Representative: _____ **Date:** _____

If signing as authorized representative, describe your authority to act for the patient, and submit documentation showing such authority, as appropriate:

For Atrium Health Use Only

Date request received: _____

Signature(s): _____ Date: _____

Print Name & Title:

Comments:

Rev. June 2019

902



Request for an Accounting of Disclosures

Place Patient Label Here