

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER
AT DALLAS

Ambulatory Services

Request for Accounting of Disclosures

You have the right to request that UT Southwestern provide an accounting of certain disclosures of your protected health information. An accounting of disclosures may include disclosures up to 6 years prior to the date of the request, but the request cannot include dates prior to April 14, 2003. UT Southwestern will respond to your request within 60 days of receipt of the request, unless you are notified in writing that a one-time extension of up to 30 days is needed. This does not include disclosures related to treatment, payment, healthcare operations or disclosures that you have authorized.

Please indicate the dates for which you are requesting an accounting of disclosures:

From: _____ [mo/date/year] To: _____ [mo/date/year]
(Date may not be more than six years prior to date of request.)

Address to which the accounting will be mailed if different from above:

There will be no fee charged for the first accounting of disclosures in any 12 month period. Any additional accountings will be subject to a fee, payable at the time of the request.

Patient Signature

Date

Print Patient Name

Legal Guardian or Patient Representative Signature

Date

Print Legal Guardian or Patient Representative Name

Describe Relationship to Patient if other than Self

For Internal Use Only

Date request received: _____

Date accounting sent: _____

Extension requested: ____ no ____ yes. If yes, give reason: _____

Individual notified in writing of extension on this date: _____

Name and title of staff member processing request: _____