

# **Yakutat Community Health Center**

## **Privacy 1.0-ACCOUNTING OF DISCLOSURES**

164.508

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Issue Date: 12-1-2017

Effective Date: 12-1-2017

Responsible for Review: **Chief Compliance Officer**

Scheduled Review Date: 12-1-2019

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### **Policy**

To ensure patients can receive an accounting of disclosures of their protected health information, not including disclosures for purposes of treatment, payment or health care operations. Disclosures to business partners must be included in the accounting. Under the Health Insurance Portability and Accountability Act, covered entities must give patients an accounting of disclosures, if requested. Patients may request an accounting of disclosures that were made up to six years prior to the date of request.

### **Procedures**

1. Maintain an accounting of disclosures of protected health information on each patient for at least six years.
2. Information that must be maintained (tracked) and included in an accounting:
  - A. Date of disclosure.
  - B. Name of individual or entity who received the information and their address, if known.
  - C. Brief description of the protected health information disclosed.
  - D. Brief statement of the purpose of the disclosure [or a copy of the individual's written authorization] or a copy of the individual's written request for disclosure.
  - E. Multiple disclosures to the same party for a single purpose [or pursuant to a single authorization] may have a summary entry. A summary entry includes all information (2 A-E) for the first disclosure, the frequency with which disclosures were made, and the date of the last disclosure.
3. Information that is excluded from the accounting and tracking rule are disclosures made:
  - A. Prior to April 14, 2003 or prior to the entity's date of compliance with the privacy standards.
  - B. To law enforcement or correctional institutions as provided in state law.
  - C. For facility directories.

- B. Requests can cover a period of up to six years prior to the date of the request.
11. Provide the accounting to the individual at no charge for a request made once during any twelve-month period. A reasonable fee can be charged for any additional requests made during a twelve-month period provided that the individual is informed of the fee in advance and given an opportunity to withdraw or modify the request.
  12. Maintain written requests for an accounting and written accountings provided to an individual for at least six years from the date it was created.
    - A. Maintain the titles and names of the people responsible for receiving and processing accounting requests for a period of at least six years.

**AUTHORIZED BY: Rhoda Jensen, Executive Health Director**

## Yakutat Community Health Center

### REQUEST FOR AN ACCOUNTING OF DISCLOSURES

#### PATIENT INFORMATION

Date of Request: \_\_\_\_\_ Medical Record No.: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address to send disclosure accounting (if different from above):

\_\_\_\_\_  
\_\_\_\_\_

#### DATES REQUESTED

I would like an accounting of all disclosures for the following time frame. *Please note: the maximum time frame that can be requested is six years prior to the date of your request.*

From: \_\_\_\_\_ To: \_\_\_\_\_

#### FEES

There is no charge for the first accounting request in a 12-month period. For subsequent requests in the same 12-month period, the charge is \$7.50. I understand that there is (check one):

No fee for this request

A fee for this request in the amount specified above, and I wish to proceed.

#### RESPONSE TIME

I understand the accounting I have requested will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

\_\_\_\_\_  
Signature of Patient or Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

#### FOR HEALTH CARE ORGANIZATION USE ONLY

Date request received: \_\_\_\_\_ Date accounting sent: \_\_\_\_\_

Extension requested:  Yes  No

If yes, give reason:

\_\_\_\_\_

Patient notified in writing on this date: \_\_\_\_\_

Staff member processing request: \_\_\_\_\_

