

The University of Iowa  
Privacy Rule  
**Request for Accounting of Disclosures**

1. Patient Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of this Request \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Address to which accounting should be sent if different from above:

\_\_\_\_\_

\_\_\_\_\_

2. Request for Accounting of Disclosures and Dates Requested

I understand that I have the right to receive an accounting (or list) or certain disclosures of my protected health information made by The University of Iowa during the six (6) years before the date on which I request the accounting, but not prior to April 14, 2003. I hereby request an accounting of the disclosures of my protected health information that were made during the following time frames:

From: \_\_\_\_\_ (mo/date/yr) To \_\_\_\_\_ (mo/date/yr)

I understand that this accounting excludes disclosures related to treatment, payment, operations, disclosures authorized by me, and disclosures made pursuant to any legal requirement such as a mandatory report.

3. Response Time

I understand that 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 required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When you have completed this form, give it to the clinic administrator or send it to the HIPAA Privacy Officer, C-43 GH, The University of Iowa, Iowa City, Iowa, 52242.

\_\_\_\_\_  
Date Request received: \_\_\_\_\_

Date Accounting sent: \_\_\_\_\_

Extension requested: \_\_\_\_\_no\_\_\_\_\_yes . If yes, explain \_\_\_\_\_

\_\_\_\_\_  
Individual notified in writing of extension (date and by whom) \_\_\_\_\_

\_\_\_\_\_  
Name of staff member processing Request \_\_\_\_\_