



Health and Hospital Corporation of Marion County
Marion County Public Health Department

Request for an Accounting of Disclosures

Date of Request: _____ MCPHD #: _____
Print Patient/Client Name: _____ Date of Birth: _____
(Address) (First) (MI) (MM/DD/YYYY)
Address: _____
(Street) (City) (State) (Zip)
Telephone Number: _____

This request for an accounting of disclosures applies only to the following Health and Hospital Corporation/Marion County Public Health Department (HHC/MCHD) site: _____

Address to send the accounting of disclosure (if different from above and/or requestor cannot pick up):

Description of disclosure(s) being requested: _____

I would like an accounting of all disclosures for the following time frame (Please note that the maximum time frame that can be requested is no longer than 7 years, and cannot include dates prior to April 14, 2003).

From Date: _____ To Date: _____

I understand that HHC/MCHD may approve or deny this request. If approved, I understand that I will receive the accounting of disclosures within 60 days of this request. If HHC/MCHD is unable to respond in this time, the time may be extended by no more than 30 days. In the latter case, I will be notified in writing of the reasons for the delay and the estimated delivery date. I understand that by law, some records may not be available for disclosures. Additionally, I understand that if I wish to have an accounting of disclosures from any other HHC/MCHD site, I am responsible for contacting each site.

Signature of Patient/Client or Legal Representative _____ Date _____

FOR INTERNAL USE ONLY
Date Request Received: _____
Authorized Employee Name (Print) _____ Title _____ Authorized Employee Signature _____
_____ Approved _____ Denied
Reason for Denial: _____
Extension of Time Requested: _____ No _____ Yes Reason: _____
Patient/client notified in writing of delay on this date: _____ Est. Completion Date: _____
Date Request Completed: _____
Authorized Employee Name (Print) _____ Title _____ Authorized Employee Signature _____