



Request for an Accounting of Disclosures of Protected Health Information

Please provide the following Information regarding the person whose health information is to be disclosed:

Name		Date of Birth	
Phone Number		Social Security Number	
Street Address			
City		State	Zip
If you receive Medicaid, enter your Medicaid ID number or gold card number from the back of your Medicaid ID card:			
I am asking for a list of disclosures for the following period of time (please note that the Agency cannot provide a list of disclosures made prior to April 14, 2003):			
From _____ To _____			
Signature		Date:	
OR			
Name of Authorized Representative (Print)			
Name of Authorized Representative (Signature)			
Relationship of Authorized Representative		Date:	
<i>(If you are an Authorized Representative you must provide documentation demonstrating your legal authority to act as an authorized representative, for example: authorization form, durable power of attorney, court order, guardianship papers)</i>			

Your Right to an Accounting of Disclosures

You have a right to request an accounting of certain disclosures of the protected health information about you that the Agency for Health Care Administration has in its records. You may submit your request directly to the Privacy Officer at the address given at the bottom of this page or to your Area Office, which will forward it to the Privacy Officer.

Your right to an accounting of disclosures does not include:

- Disclosures for the purpose of treatment, payment and health care operations;
- Disclosures made to you of your own protected health information;
- Disclosures that were incidental to a use or disclosure that is otherwise permitted or required by the Health Insurance Portability and Accountability Act (HIPAA);
- Disclosures that you authorized be made;
- Disclosures made to individuals involved in your care or for disaster relief purposes;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officers, for a limited period of time if requested by the institution or law enforcement officer;
- Disclosures that are part of a limited data set; and
- Disclosures made before April 14, 2003.

You have a right to receive a list of disclosures within 60 days from the date that the Agency receives your request. If the information is not accessible (for example, the information has been put in storage) and there will be a delay in getting you the information, you will be told the reason for the delay and the date when you will receive your information. The delay cannot be for more than 30 days.

Your first request for an accounting of disclosures in a twelve-month period is free. You may be charged a fee to cover the expense of producing, copying and mailing the information for an additional request within the same twelve-month period. You will be notified of the amount of the expense in advance.

If you have any questions about requesting an accounting of disclosures of your protected health information, call or write to:

Privacy Officer
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 4
Tallahassee, Florida 32308
Phone: 850-488-3849