



## INDIVIDUAL REQUEST FOR ACCOUNTING OF DISCLOSURES

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I request to receive an accounting of disclosures of protected health information (“PHI”) made by Local Government Center (LGC) HealthTrust during the six years prior to the date hereof, unless a shorter period is indicated below.

I understand that LGC HealthTrust is not required to account for disclosures of PHI made prior to April 14, 2003, or for disclosures made:

- For the purposes of treatment, payment or health care operations;
- To me, or my personal representative, about myself;
- To a facility directory, or to those involved in my care;
- For national security or intelligence purposes;
- To correctional institutions or law enforcement officials;
- Based on an individual authorization given by me or my personal representative;
- As part of a limited data set; or
- Incidentally to another permissible use or disclosure.

I understand that an accounting shall include the following information for each disclosure:

- The date of the disclosure;
- The name of the entity or person who received the PHI and address, if known;
- A brief description of the PHI; and
- A brief statement of the disclosure purpose or a copy of the written disclosure request.

I understand that the right to an accounting may be temporarily suspended, if requested by a law enforcement or national security agency, if the accounting is reasonably likely to impede the agency’s activities.

I understand that LGC HealthTrust has 60 days to respond to this request, and that LGC HealthTrust may obtain one 30 day extension of time if it gives a written statement explaining the reasons for the delay.

I understand that LGC HealthTrust must provide one free accounting for each 12-month period upon my request, and that LGC HealthTrust may impose a fee for each additional accounting that I request. I agree to pay any fees for additional accountings of disclosures. Fees will be reasonable and cost-based, and include only the cost of copying, postage, and preparation of the accounting. I understand that I may change my request to reduce these fees. My initial request is for the period from \_\_\_\_\_ to the date hereof.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_