**REQUEST FOR AN ACCOUNTING OF DISCLOSURES**

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| DATE OF REQUEST | PATIENT NAME |
| MRN | DATE OF BIRTH |

# PATIENT ADDRESS

**I, or my authorized representative, hereby request the HIIM Services and the provider(s) of the Health & Wellness Department of the Pueblo of San Felipe an accounting of disclosures for the following time frame** *(e.g. From: 01/01/18-01/30/18)*

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

***I understand that the accounting will be provided to me within 60 days of the date of this request, unless the Health & Wellness Department of the Pueblo of San Felipe requests an extension of the time frame for an additional 30 days and provides me with a written statement for the reason(s) for the delay and the date by which I can expect to receive the accounting. The accounting is limited to the last 6 years and cannot go beyond that.***

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| SIGNATURE OF PATIENT/AUTHORIZED REPRESENTATIVE *(Authorized Representative, state relationship)*  | DATE |
| SIGNATURE OF WITNESS *(If signature of patient is a thumbprint or mark)* | DATE |

**FOR HIIM USE ONLY**

DATE RECEIVED

DATE SENT

# NAME/TITLE OF EMPLOYEE PROCESSING REQUEST

**HIIM Statement**

*Public reporting burden for the request for accounting of disclosures is estimated to average 30 days per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, this request for information unless there is a valid signature and/or authorization from the patient. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the:*

*Privacy & Compliance Officer*

*Health & Wellness Department*

*3 Cedar Road*

*San Felipe Pueblo, NM 87001*

*Email: inunez@sfpueblo.com*