

**UCR HEALTH  
REQUEST FOR AN ACCOUNTING OF DISCLOSURES**

NAME: \_\_\_\_\_

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

I would like an accounting of how my protected health information was disclosed by UCR Health, as required by federal regulations. I understand that UCR Health does not have to tell me about the following type of disclosures:

- Disclosures for purposes of treatment, payment, and healthcare operations
- Disclosures to me or authorized by me
- Disclosures for use in the hospital's directory (if I was admitted as an inpatient)
- Disclosures to persons involved in my care
- For national security or intelligence purposes
- To correctional institutions
- Disclosures made more than 6 years from the date of this request
- Disclosures incident to a use or disclosure otherwise permitted or required by federal law

I also understand that my right to an accounting of some or all disclosures may be suspended by the government or law enforcement under limited circumstances. I want an accounting of disclosures that covers the following time period:

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

I want the accounting of disclosures in the following form:

- On paper
- Electronically
- Please send my accounting to the following address:

\_\_\_\_\_  
\_\_\_\_\_

- I want to pick up the accounting. Please call me the following phone number when it is ready: \_\_\_\_\_

I understand that UCR Health must give me the accounting of disclosures within 60 days, or tell me that an extra 30 days (or less) is needed to prepare it. I am entitled to a free accounting of disclosures in any 12 month period.

*Signature of patient or representative* \_\_\_\_\_ *Date* \_\_\_\_\_

*Relationship to patient (if representative):* \_\_\_\_\_

**Forward to: University of California Riverside Health Correspondence, Health Information Management Department, 900 University Avenue, Riverside, California 92521.**