

	Category: HIPAA Privacy Manual Policy Number: 15.014B Effective Date: April 10, 2024 Last Reviewed: April 1, 2024  Page 1 of 2
Title: REQUEST FOR ACCOUNTING OF DISCLOSURES	
Reference: 45 C.F.R. §§ 160.202, 164.504(e)(2)(ii)(F), 164.504(f)(2)(ii)(F),	

## REQUEST FOR ACCOUNTING OF DISCLOSURES

I request an accounting of the UTRGV Health's disclosures of protected health information

for Patient's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

The time period covered by this request is from the date of \_\_\_\_\_ to the date of \_\_\_\_\_.

There is no charge for one accounting of disclosures during a twelve month period. I may be charged for additional accountings that I request.

I acknowledge that the accounting will not include disclosures made for treatment, payment, or operations of the organization, nor for disclosures I have specifically requested and for which I have signed an authorization.

I certify that I am:  
(check one)

- ☐ the patient
- ☐ the patient's representative and my relationship to the patient is \_\_\_\_\_ and that the identification and proof of authority I provided are true and correct.

Identification provided: \_\_\_\_\_

Proof of authority provided: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Request

*Send completed request form to [Privacy@utrgv.edu](mailto:Privacy@utrgv.edu)*