

Request for an Accounting of Disclosures Form

HIM #1412s

<i>Patient's Name</i>		<i>Date of Birth</i>	
<i>Patient's Address</i>		<i>City</i>	<i>State</i>
		<i>Zip</i>	
<i>Phone #</i>		<i>Medical Record #</i>	
<p>ACCOUNTING OF DISCLOSURE REQUEST: I request that UNC Health Care System provide me with an accounting of any and all applicable disclosures of my protected health information between _____ (beginning date) and _____ (ending date).</p> <p>i. I understand that my accounting of disclosures will not include disclosures made under certain circumstances such as:</p> <ul style="list-style-type: none"> • treatment, payment, or health care operations, • pursuant to my prior authorization, • as part of a limited data set, • or disclosures made more than six (6) years prior to the date of this request. <p>ii. I understand that the accounting of disclosures will be provided to me within sixty (60) days unless I am notified in writing that an extension of up to thirty (30) days is needed.</p> <p>I understand that I may be charged for this information if I have previously requested this information within the last twelve (12) months. I have been informed of the approximate cost of \$____.____ and agree to be financially responsible for this charge.</p>			
<p>Address to send accounting to:</p> <p><input type="checkbox"/> Send accounting to the address listed above</p> <p><input type="checkbox"/> Send accounting to the following address:</p>			
<i>Signature of Patient:</i>		<i>Date</i>	<i>Time</i>
<i>OR Signature of Authorized Representative</i>		<i>Date</i>	<i>Time</i>
<i>Printed Name of Authorized Representative</i>		<i>Phone Number of Authorized Representative</i>	
<i>Explain Representative's authority to act on behalf of the Patient:</i>			
UNC HEALTH CARE SYSTEM INTERNAL USE ONLY			
<i>Date Received:</i>		<i>Extension Requested:</i>	
<i>Date Sent:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Reason for Extension:</i>			
<i>Comments:</i>			
<i>Signature/Title of Staff Member</i>			<i>Date:</i>



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Please send your completed Request for an Accounting of Disclosures Form by fax or mail to the entity listed below:	
For:	Send to:
UNC Hospitals	UNC Health Information Management Attn: Release of Information 500 Eastowne Drive, Chapel Hill, NC 27514 (fax) 984-974-0471; (phone) 984-974-3226 Email: relmedinfo@unchealth.unc.edu
Rex Healthcare / Rex Hospital	Rex Health Information Management Attn: Release of Information 4420 Lake Boone Trl, Raleigh, NC 27607 1st Floor, Main Hospital (fax) 919-784-3343; (phone) 919-784-3158
Caldwell Memorial Hospital	Caldwell Health Information Management Attn: Release of Information 321 Mulberry St SW, Lenoir, NC 28645 (fax) 828-757-5169; (phone) 828-757-5100
Chatham Hospital	Chatham Hospital Health Information Management Attn: Release of Information 475 Progress Blvd. Siler City, NC 27344 (fax) 919-799-4801; (phone) 919-799-4804
UNC Physicians Network	Return directly to the UNC Physicians Network Clinic
Johnston Health	Johnston Health, Attn: Health Information Management – Release of Information, PO Box 1376, Smithfield, NC 27577; (fax) 919-934-9266; (phone) 919-938-7705
Margaret R. Pardee Memorial Hospital	Pardee, ATTN: HIM – Release of Information, 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1097; (phone) 828-696-1094
Nash Healthcare System / Nash Hospitals	Nash UNC Health Care, 2460 Curtis Ellis Drive, Health Information Management, Rocky Mount, NC 27804 (fax) 252-962-8291; (phone) 252-962-8130
Lenoir Memorial Hospital	UNC Lenoir Health Care, ATTN: Health Information Services-ROI 100 Airport Rd, PO Box 1678, Kinston, NC 28503-1678 (fax) 252-522-7099; (phone) 252-522-7185
Wayne UNC Health Care	Wayne UNC Health Care, Health Information Management 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (fax) 919-587-2975; (phone) 919-731-6117
UNC Rockingham Health Care/Rockingham Hospital	UNC Rockingham Health Care, ATTN: Health Information Management Department 117 E Kings Hwy, Eden, NC 27288 (fax) 336-623-6902; (phone) 336-627-6194

