

Radiology Ltd. P.L.C., & RLC, LLC

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

REQUEST DATE: _____

PATIENT/PATIENT REPRESENTATIVE NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PATIENT'S DATE OF BIRTH: _____

SPECIFIC TIME PERIOD OF THE REQUEST:

MONTH AND YEAR _____ THROUGH MONTH AND YEAR _____.

REQUESTER'S SIGNATURE: _____**DATE SIGNED:** _____

ACKNOWLEDGEMENT OF ACCOUNTING OF DISCLOSURES CONDITIONS:

- The request must be made in writing.
- May only request disclosures made during the six years prior to the request.
- You may request a specific time frame within those six years.
- The accounting will include all disclosures of protected health information, EXCEPT for Disclosures:
 - To carry out treatment, payment, and healthcare operations.
 - To the individuals of protected health information.
 - Persons involved in the patient's care.
 - Authorization provided.
 - For national security or intelligence purposes.
 - To correctional institutions or when enforcement law officials request.
 - As part of a limited data set.
 - That occurred prior to the six years.

Return to: Crystal C. Atwell, HIPAA Privacy/Security Officer, Radiology Ltd., 677 N Wilmot Rd., Tucson, AZ., 85711 or e-mail address: crystal.atwell@radltd.com. Or call 520-545-1798.



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- The first request in a calendar year will be free but any subsequent requests there may be a reasonable fee charged.
- There is a 30 day time period allowed to provide the accounting and a 30 day written extension may be requested by the provider of the information.

REQUESTER'S SIGNATURE: _____

DATE: _____