



**Response to Request—Accounting of Disclosures  
Hillsborough County  
Response to Individual's Request for  
an Accounting of Disclosures**

**Directions:** This form is to be used to inform an individual of Hillsborough County's response to his or her request for an accounting of disclosures of his or her protected health information (PHI). Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the patient's records.

Date: \_\_\_\_\_

Individual's full name: \_\_\_\_\_

SSN or other client identifier: \_\_\_\_\_

Please note, as determined by law, an accounting of disclosures does not include disclosures made for any of the following purposes:

- For treatment, payment, or health care operations related to providing you medical services.
- Disclosures that were made to you or your representative.
- Disclosures that were made with your authorization.
- Incidental disclosures that may be overheard by someone else, such as two physicians discussing your treatment or a message left on an answering machine reminding you of an appointment.
- For a facility directory or to persons involved in your care or for notification purposes.
- For national security or intelligence.
- To correctional institutions or to law enforcement officials regarding inmates.
- As part of a limited data set.
- Disclosures that occurred prior to the HIPAA compliance date, April 14, 2003.
- Disclosures that occurred more than six years prior to the request date.

You have / have not been provided an accounting of disclosures in the last 12 months.  
(Circle one)

Attached is an accounting of all disclosures of PHI for \_\_\_\_\_  
(client's name)

Made between \_\_\_\_\_ and \_\_\_\_\_.  
(date) (date)

The attached accounting of disclosures is \_\_\_\_ pages long.

Original signature of Hillsborough County Compliance Officer/Privacy Liaison (and Security Liaison for any incidents involving ePHI):

\_\_\_\_\_

Date signed: \_\_\_\_\_

<p>For internal use only:  Date accounting provided: _____  Person accounting provided to: _____  Delivery method: _____</p>
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Individual's Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Hillsborough County Accounting of Disclosures</b>				
1.	<i>Date of Disclosure:</i>	-Enter date-	<i>Name of Organization or Person Receiving PHI and Address if Known:</i>	-Enter name and address-
	<i>Brief Description of the PHI</i>	-Enter description-	<i>Purpose of Disclosure (if you are attaching the Written Request, this is not necessary).</i>	-Enter purpose-
2.	<i>Date of Disclosure:</i>	-Enter date-	<i>Name of Organization or Person Receiving PHI and Address if Known:</i>	-Enter name and address-
	<i>Brief Description of the PHI</i>	-Enter description-	<i>Purpose of Disclosure (if you are attaching the Written Request, this is not necessary).</i>	-Enter purpose-
3.	<i>Date of Disclosure:</i>	-Enter date-	<i>Name of Organization or Person Receiving PHI and Address if Known:</i>	-Enter name and address-
	<i>Brief Description of the PHI</i>	-Enter description-	<i>Purpose of Disclosure (if you are attaching the Written Request, this is not necessary).</i>	-Enter purpose-
4.	<i>Date of Disclosure:</i>	-Enter date-	<i>Name of Organization or Person Receiving PHI and Address if Known:</i>	-Enter name and address-
	<i>Brief Description of the PHI</i>	-Enter description-	<i>Purpose of Disclosure (if you are attaching the Written Request, this is not necessary).</i>	-Enter purpose-
5.	<i>Date of Disclosure:</i>	-Enter date-	<i>Name of Organization or Person Receiving PHI and Address if Known:</i>	-Enter name and address-
	<i>Brief Description of the PHI</i>	-Enter description-	<i>Purpose of Disclosure (if you are attaching the Written Request, this is not necessary).</i>	-Enter purpose-

Use additional pages if necessary.