

**IMPERIAL COUNTY
BEHAVIORAL HEALTH SERVICES
202 N. EIGHTH STREET
EL CENTRO, CA 92243**

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Completion of this form gives you the opportunity to request an accounting of certain disclosures of your protected health information made by or on behalf of Imperial County Behavioral Health Services for the specified time period requested. The order for us to respond promptly and accurately, please complete this form in its entirety.

If you are mailing this form by mail, please send it to: Imperial County Behavioral Health, c/o Privacy Officer, 202 N. Eighth Street, El Centro, CA 92243.

IDENTIFYING INFORMATION		
Date:	Name of Client:	DOB:
Address:	City/Zip:	Phone:

REQUEST FOR AN ACCOUNTING

I am requesting that Imperial County Behavioral Health Services (ICBHS) account for disclosures of my protected health information during the following time period:

Start date for accounting: _____ End date for accounting: _____

(Note: the time period must be no longer than six years and may not include dates before April 14, 2003)

I want the accounting of disclosures in the following form:

On paper Electronically

Please send me my accounting to the following address (provide an e-mail address if you requested your accounting electronically): _____

I want to pick up the accounting. Please call me at the following phone number when it is ready: _____

SIGNATURES

Signature of client or personal representative : _____

If personal representative, give relationship : _____

ACKNOWLEDGEMENTS

I understand that ICBHS must give me an accounting of disclosures, except for:

- Disclosures for purposes of treatment, payment and health care operations or as part of a limited data set.
- Disclosures to me or disclosures authorized by me.
- For notification purposes (to notify a family member, personal representative or other person of the individual's location, general condition or death).
- For national security or intelligence purposes.
- To correctional institutions or law enforcement officials.
- Disclosures made prior to April 14, 2003.
- Disclosures incident to a use or disclosure otherwise permitted or required by federal law.

NOTICE OF RIGHTS AND OTHER INFORMATION

I understand that ICBHS must give me the accounting of disclosures within 60 days, or tell me that it needs an extra 30 days (or less) to prepare it.

I understand that I am entitled to one free accounting of disclosures in any 12 month period. Additional accountings within the same 12 month period will be available at a reasonable cost-based fee.

For more information about your privacy rights, see the "Notice of Privacy Practices" available in all of our lobbies and buildings.

If you believe your privacy rights have been violated, you may file a complaint with Imperial County Behavioral Health Services (ICBHS) or with the Secretary of the Department of Health and Human Services. All privacy complaints must be submitted in writing. You will not be penalized for filing a complaint.

To submit a complaint to ICBHS contact:

ICBHS Privacy Officer
202 N. Eighth Street
El Centro, CA 92243
Phone: (442) 265-1560
Fax: (442) 265-1583