2170 South Avenue
South Lake Tahoe
CA 96150
530.541.3420 TEL
bartonhealth.org

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Date (MM/DD/YYYY): _____

Patient Legal Name: _____

Date of Birth (MM/DD/YYYY): _____

I would like an accounting of how my protected health information was disclosed by Barton HealthCare System, as required by federal regulations. I understand that the hospital does not have to tell me about the following types of disclosures:

1. Disclosures for purposes of treatment, payment, and health care operations or as part of a limited data set.
2. Disclosures to me or disclosures authorized by me.
3. Disclosures for use in the hospital's directory.
4. Disclosures to persons involved in my care.
5. For notification purposes (to notify a family member, personal representative or other person of the individual's location, general condition, or death).
6. For national security or intelligence purposes.
7. To correctional institutions or law enforcement officials.
8. As part of a limited data set.
9. Disclosures made prior to April 14, 2003.
10. Disclosures incident to a use or disclosure otherwise permitted or required by federal law. i.e., for a review by a health oversight agency; or in response to court proceedings, a subpoena, discovery request or other lawful process.

I also understand that my right to an accounting of some or all disclosures may be suspended by the government under limited circumstances.

I want an accounting of disclosures that covers the following time period:

Date range (MM/DD/YYYY): _____ to_____ *(Note: the time period must be no longer than six years prior to date of request and may not include dates before April 14, 2003.)*

I want the accounting of disclosures in the following form:

☐ On paper
Mailing Address: _____
City: _____ State: ____ Zip: _____

☐ Electronically
Email address: _____

☐ Pick up, contact me when it is ready.
Phone Number: _____ ☐ Home ☐ Mobile ☐ Work

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I understand that the hospital 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 I am entitled to ONE free accounting of disclosures in any 12-month period.

Additional accountings will cost $15.00 for each additional request in a 12-month period.

Privacy Rights

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.BartonHealth.org, at Health Information Management, Barton Memorial Hospital Admitting, or by sending a written request to:

Barton HealthCare System:
Attn: Health Information Management – Privacy Notice Request
2170 South Ave.
P.O. Box 9578
South Lake Tahoe, CA 96158

To File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services.

Barton HealthCare System
Attn: Privacy Officer
2170 South Ave.
P.O. Box 9578
South Lake Tahoe, CA 96158
530.543.5975

Department of Health and Human Services
www.HHS.gov for more information

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Patient, Guardian, or Responsible Party Signature: _____

Printed Name: _____Relationship: _____

Date Signed (MM/DD/YYYY): _____ Time: _____