

Sample Policy for Accounting for Disclosures of Protected Health Information

Policy:

A patient has the right to an accounting of certain disclosures of Protected Health Information made by the Provider in the six years prior to the request.

Procedures:

1. Requests for accounting will be forwarded to the Provider's Privacy Officer, or his/her designee. Only "disclosures" must be accounted for. Internal uses of the patient's protected health information by members of Provider's workforce are not subject to the accounting.
2. In accordance with federal law, the Provider will not account for the following disclosures:
 - Disclosures to the patient or pursuant to the patient's authorization
 - Disclosures for treatment, payment, and health care operations;
 - Incidental disclosures;
 - Disclosures for notification of or to persons involved in an individual's health care or payment for health care or for disaster relief, and disclosures in the facility directory;
 - Disclosures for certain national security and intelligence purposes;
 - Disclosures to correctional institutions or law enforcement regarding a patient who is in custody;
 - Disclosures as part of a limited data set pursuant to a data use agreement;
 - Disclosures prior to six years from the date of the request.
3. An accounting of disclosures to health oversight agencies or law enforcement personnel may be suspended for up to 30 days if requested in writing by the applicable health oversight or law enforcement agency.
4. A patient who requests an accounting will receive an accounting in writing which will include: (i) the date of the disclosure, (ii) the name of the entity or person who received the information and if known, the address of the entity or person, (iii) a brief description of the information disclosed, and (iv) a brief description of the purpose for the disclosure or if applicable, a copy of the written request for disclosure. For multiple disclosures to the same person or entity for the same purpose, the patient will receive the above information for the first disclosure, the frequency or number of disclosures during the requested period, and the date of the last disclosure.

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5. The Provider will provide patients with the requested accounting within 60 days, provided, however, if the Provider is unable to act upon the request within the initial 60 days, it may have an additional 30 days. If an extension is needed, the Provider will notify the patient of the extension within the initial 60-day period.

6. Patients may receive one accounting in any 12-month period without charge. Additional accountings within a 12-month period may be charged a cost-based fee. Patients will be informed of the fee in advance and the fee will be determined in accordance with Provider's _____ Policy.

7. In the event the patient is incompetent as determined by his/her physician, this policy shall apply to requests for accounting made on behalf of the patient by the patient's personal representative.