ACCOUNTING OF DISCLOSURES OF HEALTH INFORMATION

Return Completed Form by fax or mail to:
Privacy Office
Colorado Department of Health Care Policy and Financing
303 E. 17th Avenue, Denver, CO 80203 Fax: (303) 866-4411

***** Please include copy of your Medicaid ID card and Driver's License, or equivalents *****

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that we protect the privacy of your protected health information. You have a right to receive an accounting of certain disclosures of your protected health information contained in a designated record set, held by the Department of Health Care Policy and Financing. This request must be made in writing, and any accounting will only include disclosures made during the past six years, but no earlier than April 14, 2003. The Department must act on your request within 60 days, unless we provide you with notification in writing that an extension of up to 30 days is needed. The first accounting you request in any 12-month period will be provided free of charge. There will be a cost-based fee for any subsequent request for accounting made by you within the same 12-month period.

Pursuant to HIPAA regulations, and the Department's Privacy Policy and Procedures on *Right to Accounting of Disclosures of Protected Health Information,* the following types of disclosures will NOT be accounted for:

- Disclosures made to carry out health care treatment, payment, or operations;
- Disclosures made to you about your protected health information;
- Disclosures incidental to a use or disclosure otherwise permitted or required under HIPAA;
- Disclosures made pursuant to an authorization signed by you;
- Disclosures made for use in a medical facility directory;
- Disclosures made for national security or intelligence purposes;
- Disclosures made to correctional institutions or law enforcement;
- Disclosures made as part of a limited data set (protected health information that excludes direct identifiers of the individual or of relatives, employers, or household members of the individual); or
- Disclosures made prior to April 14, 2003.

I would like an accounting of disclosures (other than those listed above) made by the Colorado Department of Health Care Policy and Financing, and its Business Associates, of my protected health information.

Name:_____ State ID number: _____

Date of birth:_____ Phone: _____

Address: _____

City, State, Zip: _____

Signature:_____ Date: _____

Parent or Legal Guardian may sign on behalf of minor child
Legal Guardian, Power of Attorney, or equivalent may sign on behalf of adult-documentation is required.

If signing on behalf of another person, please provide the following information:

Name of Designated Personal Representative: _____

Relationship to client: _____