

**ALASKA NATIVE MEDICAL CENTER  
REQUEST FOR AN ACCOUNTING OF DISCLOSURES**

Patient Name	Date of Birth	Patient Record Number
Patient Address	City, State, Zip	Telephone #  Alternate #
I would like an accounting of disclosures for the following time frame (not to exceed six years prior to the date of this request or begin prior to April 1, 2003):  From: _____ To: _____		
I am seeking an accounting of only a certain type(s) of disclosure, or disclosures, to a specific person/entity: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please describe:		
Address to send accounting (if different from above and accounting is to be mailed):		
I have read and understand that as provided by federal law this accounting of disclosures excludes the following disclosures: <ol style="list-style-type: none"> <li>1. To carry out treatment, payment, and health care operations.</li> <li>2. To the patient or the patient's legal guardian/representative pursuant to the right to access the patient's health information.</li> <li>3. That constitute incidental disclosures occurring as a by-product of a use or disclosure otherwise permitted or required by law as long as appropriate.</li> <li>4. Pursuant to an authorization.</li> <li>5. For the facility's directory or to persons involved in the patient's care or other notification purposes.</li> <li>6. For national security or intelligence purposes as prescribed by law.</li> <li>7. To correctional institutions or law enforcement officials for individuals in the custody of such institution or official.</li> <li>8. As part of a limited data set.</li> <li>9. That occurred prior to April 14, 2003.</li> </ol> <p>Additionally, there may be situations where ANMC must temporarily suspend the right to an accounting.</p>		
Signed: _____ Patient or Patient's Legal Guardian/Representative	Date: _____	
Authority: _____ (If signed by Patient's Legal Guardian/Representative)		
<b>For Organization Use Only:</b>		
<input type="checkbox"/> Request Accepted	<input type="checkbox"/> Request Suspended	
Date and Time Request Received:	Date and Time Accounting Suspended:	
Name and Title of Staff Member Processing Request:		
Verification Method:		