



PATIENT REQUEST FOR ACCOUNTING OF DISCLOSURE OF PROTECTED HEALTH INFORMATION

NOTICE: The Privacy Rules allow you to request restrictions an accounting of disclosures of your protected health information ("PHI"). The accounting will include releases of information made for other than treatment, payment, and healthcare operations or releases authorized by you. You may request an accounting for up to six (6) years prior to the date of your request – three (3) years if your PHI is in an electronic format.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip

Phone: \_\_\_\_\_

I wish to have an accounting of disclosure(s) of my PHI as follows:

Time period \_\_\_\_\_

Facility \_\_\_\_\_

Signature of Patient or Legal Guardian

Date

The completed form may be faxed to INTEGRIS Health Information Management at 405-552-8773, mailed to 3366 NW Expressway, Bld D Ste. C20 Oklahoma City, OK 73112, or emailed to Healthinfomanagement@integrisok.com. For questions, call 877-778-7211.

Patient Name:
MRN:
DOB:
Patient Label

