

I would like to request an accounting of how my Protected Health Information (PHI) was disclosed by Stanford University Occupational Health Center (SUOHC) as required by federal regulations. I understand that SUOHC **does not** have to tell me about the following types of disclosures:

1. Disclosures made prior to April 14, 2003.
2. Disclosures for purposes of treatment, payment, and health care operations.
3. Disclosures to me.
4. Disclosures to persons involved in my care.
5. Disclosures for which I signed an authorization.
6. Disclosures for notification purposes (to notify a family member, personal representative or other person of the individual's location, general condition or death.)
7. Disclosures for national security or intelligence purposes.
8. Disclosures to correctional institutions or law enforcement officials.

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

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

From: _____ Through: _____
(Note: The time period must be no longer than six years and may not include dates before April 14, 2003)

I want an accounting of disclosures in the following form:

____ Mail to: (Address) _____

____ I prefer to pick up the accounting. Please call me at the following phone number when it is ready to be picked up: (Phone Number) _____

I understand that Stanford University Occupational Health Center must provide the accounting of disclosures within 60 days of my request or notify me that an extension of an extra 30 days (or less) is required to prepare it. I am entitled to one free accounting of disclosures in any 12-month period. A fee of \$50.00 will be charged for every additional request in a 12-month period.

Signature: _____ Date: _____
(Employee/Parent/Personal Representative)

If other than the employee, indicate:

Name (print): _____ Phone: _____

Relationship: _____

If interpreted: _____ <i>Interpreter Signature</i> <i>Print Name</i> <i>Language</i>

<i>Date</i> <i>Time</i> <i>Position/Relationship to Patient</i>

* Please submit form to: Stanford University Occupational Health Center Privacy Officer, MC 8007, 480 Oak Rd., Stanford, CA 94305-8007