Attachment B

Request for Accounting of Disclosures of Protected Health Information

I understand that I have the right to an accounting of uses and disclosures of my protected health information for purposes other than treatment, payment and the covered entity's operations. I understand that CMU's responsibility for such accounting became effective April 14, 2003, for the Psychological Training & Consultation Center effective July 1, 2004, and for the Physical Therapy Clinic on April 1, 2005, and that accounting for disclosures prior to that date is not available. I understand that CMU will maintain the record of any disclosure for six years. I understand that CMU will respond to this request in fewer than 30 days unless I receive notification in writing that it will take longer to fulfill my request. I also understand that a fee may be charged for more than one accounting in a 12-month period, but CMU will notify me in advance of such fee.

Client/Patient/Employee Name: _____ Date: _____
(Please Print Clearly.)
Address: _____ Telephone: _____
_____
_____

Please specify the time period for which you would like an accounting of disclosures of your PHI. Please specify the heath care component. ***(No accounting is available prior to April 14, 2003 for Psychological Training & Consultation Center prior to July 1, 2004), or for the Physical Therapy Clinic before April 1, 2005.***

_____
_____
_____

_____ _____
Client/Patient/Employee Signature Date

_____
Guardian Signature, if appropriate

_____
Relationship to Client

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(For office use only)

Date Disclosure of Accounting is released: _____

Privacy Officer Signature: _____ Date: _____

Revised as of 3-15-05