



Name: _____

Today's Date: _____

Address: _____

Date of Birth: _____

Phone Number: _____



REQUEST FOR AN
ACCOUNTING OF
DISCLOSURES

I would like an accounting of how my protected health information (PHI) was disclosed by Pacific Hospital of Long Beach, as required by federal regulations. I understand that the hospital does not have to tell me about the following types of disclosures:

1. Disclosures for purposes of treatment, payment and health care operations or as part of a limited data set.
2. Disclosures to me or disclosures authorized by me.
3. Disclosures for use in the hospital's directory.
4. Disclosures to persons involved in my care.
5. For notifications purposes (to notify a family member, personal representative or other person of the patient's location, general condition or death).
6. For national security or intelligence purposes.
7. To correctional institutions or law enforcement officials.
8. Disclosures made prior to 14 April 2003.
9. Disclosures incident to a use or disclosure otherwise permitted or required by federal law.

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

- Please send my accounting to the above address.
- I want to pick up the accounting.

Please call me at the following phone number when it is ready: (____) _____

I understand that the hospital must give me the accounting of disclosures within 60 days, or tell me that it needs an extra 30 days (or less) to prepare it.

I am entitled to one free accounting of disclosures in any 12-month period. Additional accountings will cost \$1.00 per page.

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.phlb.org or contact Admissions department at Pacific Hospital of Long Beach 562-997-2500 or by sending a written request to Pacific Hospital of Long Beach, Attn: Admissions department, 2776 Pacific Avenue, Long Beach, CA 90806.

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Officer, 562-997-2500. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Signature of Patient or Patient's Representative: _____

If Representative, give relationship: _____ Date: _____ Time: _____