COUNTY OF ORANGE, CA HEALTH CARE AGENCY

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Photocopy/Facsimile may be used as an original

CLIENT(PATIENT) INFORMATION:

NAME: _____
Last *First* *MI*

AKA: _____

SOC. SEC. #: ____ - ____ - _____ DATE OF BIRTH: _____

I would like an accounting of how my protected health information was disclosed by the County of Orange, Health Care Agency, as required by federal regulations. I understand that the Health Care Agency does not have to tell me about the following types of disclosures:

1. Disclosure 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. If the Health Care Agency uses a facility directory, disclosures for use in a facility directory.
4. Disclosures to persons involved in my care.
5. For notification purposes (to notify a family member, personal representative or other person of the individual'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 April 14, 2003.
9. Disclosures incident to a use or disclosure otherwise permitted or required by federal law.

NOTE: There may be a time when specific disclosure cannot be reported. This would occur when a health oversight agency or law enforcement official has notified the Health Care Agency that an accounting of disclosures to the agency or official about the individual must be suspended. The health oversight agency or law enforcement official must provide a statement to the Health Care Agency that such a disclosure would be reasonably likely to impeded the activities of the agency or the official and specify a time period for the suspension. The Health Care Agency shall limit the temporary suspension to no longer than thirty (30) days from the date of the statement unless the health care oversight agency or law enforcement official has stated otherwise.

I want an accounting of the following disclosures that cover the following time period (be specific):

_____

_____

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

You may review the following topical areas to determine if you wish an accounting of disclosures by these HCA divisions, providers, or facilities.

- ☐ Public Health
  - ☐ Special Diseases including HIV, STD, Communicable Disease
  - ☐ Epidemiology
  - ☐ California Children Services
  - ☐ Family Health including prenatal, postnatal, immunizations
  - ☐ Health Promotions or Prevention
- ☐ Mental Health
- ☐ Drug and Alcohol
- ☐ Other (not otherwise listed above)

I understand that the Health Care Agency 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 within that 12 month period will cost 10 cents per page plus postage.

Please send my accounting to the address below. ☐
I want to pick up the accounting. Please call me at the phone number below when it is ready. ☐

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at http://www.ocgov.com/hipaa/forms.htm. The Privacy Notice is available at all HCA facilities. You may also contact the HCA HIPAA Coordinator at (714) 834-4082.

If you believe your privacy rights have been violated, you may file a complaint with the County of Orange or with the Secretary of the Department of Health and Human Services. To file a complaint with County of Orange, contact the HIPAA Privacy Officer at (714) 834-5172. All complaints must be submitted in writing. **You will not be penalized for filing a complaint**.

TODAY'S DATE: _____ **SIGNATURE:** _____

PRINTED NAME: _____

RELATIONSHIP: *Choose One*: ☐ Client(Patient) ☐ Parent ☐ Guardian ☐ Representative ☐ Conservator ☐ Other:

COMPLETE ADDRESS: _____ **TELEPHONE #** ( ) -
Street Address City State Zip Code

Return this completed form for processing to the Custodian of Records office
200 W. Santa Ana Blvd, Ste 125, P.O. Box 355, Santa Ana, CA 92702
Phone (714) 834-3536 - Fax (714) 835-9312