Request for an Accounting of Disclosures

Description: This form allows an individual to request a list of those persons and organizations with whom Travis County has shared the individual's health information.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 gives you the right to request that Travis County provide you with a list of disclosures (accounting) that it has made of your protected health information. The standard accounting will include all of the disclosures that Travis County has made over the past **6** years, except for those disclosures made:

- For treatment, payment, or health care operations.
- To you, your personal representative, or to other persons involved in your care.
- Pursuant to your written authorization.
- Incident to uses and disclosures that are permitted or required by HIPAA.
- To correctional institutions or law enforcement officials about inmates or others in custody.
- For national security or intelligence purposes.
- Pursuant to a Data Use Agreement.

You may also request a list of disclosures made during a specific timeframe within the past **6** years.

Part I: Requestor's Identity

Name: _____

Date of Birth: _____

Address: _____

Street City State Zip Code

Telephone number: _____ Email address: _____

If you are requesting an accounting on someone else's behalf, provide the name and address of the person on whose behalf you are filing and describe and provide proof* of your legal relationship with the individual. Recognized legal relationships include: parent of minor child, legal guardian, power of attorney, or executor.

Name: _____

Address: _____

Street City State Zip Code

Relationship to individual: _____

**Travis County will accept documentation such as an executed will, power of attorney. or court order. You must also furnish a valid government issued picture ID.*

Part II: Request

Travis County Component* which maintains your records:

_____

* *A list of the covered components within Travis County is available from the HIPAA Compliance and Privacy Officer or on the Travis County web page* ***https://www.traviscountytx.gov/hipaa.***

Period of time for which you are requesting an accounting of disclosures:_____
to _____

Part III: Important Information about Your Request

- Travis County will act on most requests within 60 days of their receipt. If Travis County cannot act on your request within this timeframe, Travis County will notify you in writing of the reasons for the delay and the date by which it will provide the accounting.
- Travis County will send the accounting via U.S. Mail to the address provided in Part I or Part IV.
- The accounting will contain the information required by 45 C.F.R. 164.528(b).
- Travis County will provide one free accounting per year. If you request more than one accounting in a 12 month period, Travis County will charge you a reasonable, cost based fee, not to exceed $10.00.

Part IV: Acknowledgement

I understand that Travis County will only provide one free accounting per twelve (12) month period. By signing this form, I acknowledge that, if I request more than one accounting in any twelve (12) month period, Travis County may impose a reasonable, cost based fee for preparing such accounting of disclosures.

_____ _____

Signature of Requestor *Date*

Part V: Additional Information

If you wish to have the accounting of disclosures sent somewhere other than the address set forth in Part I, please provide the address where we should send written correspondence about this matter.

Mailing Address:

_____

Street City State Zip Code

Email Address: _____

Submission Instructions

Completed forms should be sent to:
HIPAA Compliance and Privacy Office
700 Lavaca, Suite 400
Austin, Texas 78701

You may also email a scanned form to: privacy@traviscountytx.gov

FOR OFFICE USE ONLY

<table>
<tr><td colspan="2">Date Received:_____Received by:_____Title:_____</td></tr>
<tr><td>Verification of Requestor's Identity:
☐ Photo ID
☐ Identifying Information
☐ Matching Signature
☐ Other:
_____</td><td>If the request was submitted by a Personal Representative, the authority of the Personal Representative was verified by:
☐ Executed Will
☐ Documentation of Power of Attorney
☐ Signed Authorization by the Individual
☐ Other:
_____</td></tr>
<tr><td colspan="2">Deadline to Respond: _____</td></tr>
<tr><td colspan="2">Date Accounting Sent: _____</td></tr>
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