



**Request for an Accounting**

Health Insurance Portability and Accountability Act of 1996  
45 CFR 160 §164.528

**Hill Physicians Member Name:** \_\_\_\_\_

**Hill Physicians MR Number:** \_\_\_\_\_

I request that Hill Physicians Medical Group, Inc. (“Hill Physicians”) provide to me an accounting of all disclosures of my PHI.

Accounting period (not to exceed 6 years): \_\_\_\_\_ to \_\_\_\_\_

- Limitations of accounting:
- All uses or disclosures
  - Only disclosures to \_\_\_\_\_
  - Other (please describe): \_\_\_\_\_

The contents of the accounting shall be in a form of Hill Physicians’ choosing and shall contain a minimum of the following information:

1. The date of each, if any, disclosure;
2. The name of the entity or person who received each disclosure of PHI and, if known, the address of such entity or person;
3. A brief description of the PHI disclosed; and
4. A brief statement regarding the purpose of the disclosure.

I understand that the following disclosures are excluded from the accounting requirements and will not be included in the requested accounting:

1. To carry out treatment, payment or healthcare operations;
2. To the individual about his/her own PHI;
3. That are incidental to use or disclosure otherwise permitted;
4. For facility directories;
5. To persons involved in the individual’s care or other notification purposes;
6. As part of a limited data set (as defined by HIPAA);
7. Made with the individual’s authorization;
8. For national security or intelligence purposes;
9. To correctional institutions of for law enforcement officials having lawful custody of an individual; and
10. That occurred prior to April 14, 2003.

**Request for an Accounting**  
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Hill Physicians Member Name: \_\_\_\_\_

I understand that I have the right to:

1. Receive the accounting within sixty (60) days of Hill Physicians' receipt of the request or no later than ninety (90) days of the date of receipt if Hill Physicians requests an extension in writing;
2. Receive one (1) accounting free in any twelve (12) month period.

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
I am the authorized representative of \_\_\_\_\_. I am submitting this request for an accounting for and on behalf of the above Hill Physicians member for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Your Title