



*Effective Date: April 14, 2003*

**Request for an Accounting of Disclosures**

As a patient of a Columbia University Medical Center provider you may receive an accounting of disclosures of your health information for purposes other than treatment, payment for care, or administrative activities. To request such an accounting, you must complete this form and return it to: **Privacy Officer, Columbia University Medical Center, 601 West 168<sup>th</sup> Street, Apt. 22, New York, N.Y. 10032.** This request applies only to the health care provider office that you indicate below. If you would like to receive an accounting from more than one office, you must complete a separate form for each office. There is no charge for a requested accounting in any 12-month period. However, we will charge you a reasonable fee based upon our costs for any subsequent request within the 12-month period.

Please provide the following information:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Please specify the health care provider office from which you are requesting an accounting of disclosures

\_\_\_\_\_

Please specify the dates to which the accounting applies. You may not request an accounting of disclosures made before April 14, 2003 or disclosures made more than six years prior to the date of your request. We will provide only disclosures occurring after the date of your last request for an accounting.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
If personal representative, authority to act on behalf of patient