

ADDICTION TREATMENT CENTER
ADDRESS
ADDRESS

ACCOUNTING OF INFORMATION RELEASED

FOR PATIENT: _____ ADDRESS: _____

| List of Disclosures | Date of request | Response date to request (within 30 days) | Information requested | Staff name and title processing/ receiving information |
|---------------------|-----------------|---|-----------------------|--|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |

Information/disclosures of PHI are to be accounted for a period of no less than 6 years from requested date, except for:

1. to carry out treatment , payment, and health care operations
2. to the individuals themselves
3. that are made for national security or intelligence purposes
4. that are related to certain custodial situations
5. to correctional institutions and law enforcement officials
6. which occurred prior to the compliance date for the ATC.

| Accountings | | | |
|--------------------|----------------|---|-----------|
| Number of requests | Date requested | Date informed patient of above disclosures (within 60 days) | Fee |
| 1. | | | No charge |
| 2. | | | \$5 |
| 3. | | | \$10 |

*The first accounting is free of charge, and thereafter a reasonable, cost based fee for each subsequent accounting may be charged, if the individual has been informed in advance and had an opportunity to modify the request to reduce or avoid the fee.

Copy of this form to be placed in the patient record and a copy in a designated binder.