

Stamps Health Services

Request for an Accounting of Disclosures

As a patient of a Stamps Health Services 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: **Customer Service Manager 740 Ferst Drive, Atlanta GA 30322.**

Please provide the following information:

Patient Name: _____ Date of Birth: _____

GTID#: _____ Phone number: _____

Address: _____

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.

Date(s): _____ to _____

Stamps Health Services must provide the first accounting to an individual in any 12 month period without charge. We may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same individual within the 12 month period, provided that we inform you in advance of the fee and provides you with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

Printed Name: _____ Date: _____

Signature of patient or personal representative: _____

FOR INTERNAL USE ONLY

Received by: _____ Date: _____ Time: _____

Disposition: _____

Notification made:

By: _____ Title: _____ Date: _____ Time: _____

Method: _____