

PATHWAYS CMH

PROCEDURE TITLE: Accounting of Disclosures Procedure – Appendix 6 of Privacy Policy	CATEGORY: Recipient Rights
EFFECTIVE DATE: April 14, 2003	BOARD APPROVAL DATE: April 14, 2003
REVIEWED DATE: June 2013; July 11, 2014; May 5, 2015; April 22, 2016; April 15, 2017	REVISION(S) TO PROCEDURE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RESPONSIBLE PARTY/APPROVAL: Recipient Rights Supervisor or Designee/ Mary J. Swift, CEO	

PURPOSE:

A disclosure log entry is required when a disclosure of information in the designated record set is made to parties other than those identified in the exceptions below. The disclosures shall be documented in the disclosures log to the Pathways' Records Department. The recipient is also entitled to an accounting of disclosures made by business associates of Pathways.

PROCEDURES:

- A. When a request for accounting is received from a recipient, the Privacy Officer:
 1. Determines the acceptability and credibility of the request.
 2. If the request for accounting is accepted, the disclosure log will be replicated and prepared for distribution.

- B. The accounting must include the following information for the first disclosure:
 1. Date of the disclosure.
 2. Name and address (if known) of the organization or person who received the PHI.
 3. Description of the PHI disclosed. This includes document type and date of service.
 4. Brief statement of the purpose of the disclosure or a copy of the written request for disclosure.
 5. Person(s) processing the requests including their title.

- C. The accounting must include the following information for subsequent and repeated disclosures of the same information to the same person or organization for a single purpose:
 1. Date of the disclosure.

2. Name and address (if known) of the organization or person who received the PHI.
 3. Description of the PHI disclosed. This includes document type and date of service.
 4. Brief statement of the purpose of the disclosure or a copy of the written request for disclosure.
 5. Person(s) processing the requests including their title.
 6. Frequency or number of disclosures made during the accounting period.
 7. Date of the last disclosure made during the accounting period.
- D. Timelines for providing the accounting:
1. Provide the accounting to the requesting party as soon as is reasonably possible, but no later than 60 days after the receipt of the request. Document the date of receipt by date stamping any paper request.
 2. If unable to comply with the 60 day rule the response period may be extended by 30 days by sending the requesting party a written statement of the reasons for the delay and the date Pathways will provide the accounting.
- E. Costs for the accounting:
1. Pathways will provide one accounting every 12 month period commencing with the date of first request.
 2. For any subsequent, individuals must be notified in advance of the fee and must provide the request party the opportunity to withdraw or modify their request to eliminate or reduce said fee.
- F. Documentation of accounting of disclosure requests:
1. Date of the accounting of disclosure written request.
 2. Name and address (if known) of the organization or person requesting the accounting of disclosure of PHI.
 3. Description of the PHI disclosed. This includes document type(s) and date(s) of service.
 4. Brief statement of the purpose of the disclosure or a copy of the written request for disclosure.
 5. There must be an official log to document the disclosure of the written accounting provided to the requesting party. This log shall be maintained and kept by the Privacy Officer or designee.

6. Person(s) processing the requests including their title.

REFERENCES:

A. 45 CFR Part 164 section 528

Pathways
Request for an Accounting of Disclosures

Date of Request:

Recipient Name:

DOB:

MRN/SSN:

Address to send disclosure accounting to:

I would like an accounting of all disclosures for the following time frame.

(Please note: the maximum time frame that can be requested is six years prior to the date of request.)

From: _____ To: _____

Fees:

First request in a 12-month period is free. Subsequent requests are subject to a fee.

The fee for this request will be: _____

I understand that there is a fee for this accounting and wish to proceed. I also understand that the accounting will be provided to me within 60 days unless I am notified in writing that a 30-day extension is needed.

Signature of Recipient or Legal Representative Date

To Be Completed by Department Receiving the Request

Date Received:

Date Routed to Other Areas:

Areas Routed To:

If extension requested state reason:

Recipient notified of extension request in writing on this date:

Staff Member and Department Processing Request:

Route to Medical Records, Departments, and Business Associates that may have Information on the recipient requesting accounting of disclosures

To Be Completed by Medical Records, Department and/or Business Associate(s)

Route to Business Associates that may have information on the recipient requesting accounting of disclosures

Date Received:

Date Returned to Department Processing Request:

If extension requested state reason:

Check One:

No information on this recipient
Attached

No disclosures requiring tracking on this recipient

Log