



## REQUEST FOR AN ACCOUNTING OF DISCLOSURES OF MEDICAL OR BILLING RECORDS

To submit a request for an accounting of disclosures, please complete, sign and return the attached form to:

St. Luke's Health System  
Attn: Privacy Officer- Compliance Office  
190 East Bannock Street  
Boise, Idaho 83712  
Phone: (208) 493-0383  
Fax: (208) 493-0572  
Email: [privacyofficer@slhs.org](mailto:privacyofficer@slhs.org)

The attached form may be utilized to request an accounting of the disclosures of the medical or billing records maintained by us about you. Upon request, we are required to provide an accounting of the disclosures of your medical and billing records during the six years preceding your request.

We are not required to account for disclosures made for the purpose of carrying out treatment, payment or health care operations; disclosures made to you; disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts; disclosures for national security or intelligence purposes, disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure; disclosures that occurred prior to April 14, 2003; disclosures made pursuant to an authorization signed by you, incidental disclosures, or disclosures of a limited data set.

Likewise, we will not account for disclosures to certain research projects that did not require your prior authorization. We will, however, provide you with a list of all research projects that may have potentially received your information, and a description of the types of information that we released to them. If you reasonably believe that your information was released to a particular research project, we will assist you in contacting the entity sponsoring that research, upon request.

We may also be temporarily prohibited from accounting for disclosures made to health oversight agencies or law enforcement officials.

We usually respond to requests for accountings of disclosures within 60 days of receiving them. You may expect to receive a response or a notification of delay within that approximate time frame. The first accounting provided in any 12-month period is free of charge. All subsequent accountings within the same 12-month period will be subject to a charge, which must be paid before we will process the request for an accounting.

For more information about accountings of disclosures, you may contact the Privacy Officer at (208) 493-0383. Note, however, that requests for accountings must be made in writing and verbal requests will not be accepted.



**REQUEST FOR AN ACCOUNTING OF DISCLOSURES OF MEDICAL OR BILLING RECORDS**

Please provide all requested information:

Today's Date: \_\_\_\_\_ Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Record Number (if known) \_\_\_\_\_ Social Security (full or last 4 #s) \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Please list the dates for which you are requesting an accounting (may not be more than six years prior to the date of your request): From \_\_\_\_\_ To \_\_\_\_\_

Please identify all facilities where you received care and the doctors you saw:

HOSPITALS	CLINICS	
<input type="checkbox"/> St. Luke's Treasure Valley	<input type="checkbox"/> St. Luke's Treasure Valley Clinic	<input type="checkbox"/> St. Luke's Jerome Clinic
<input type="checkbox"/> St. Luke's Magic Valley	<input type="checkbox"/> St. Luke's Magic Valley Clinic	<input type="checkbox"/> St. Luke's Rehab Clinic
<input type="checkbox"/> St. Luke's Elmore	<input type="checkbox"/> St. Luke's Elmore Clinic	<input type="checkbox"/> St. Luke's Nampa Clinic
<input type="checkbox"/> St. Luke's Wood River	<input type="checkbox"/> St. Luke's Wood River Clinic	<input type="checkbox"/> St. Luke's Eastern Oregon Clinic
<input type="checkbox"/> St. Luke's McCall	<input type="checkbox"/> St. Luke's McCall Clinic	<input type="checkbox"/> St. Luke's System Clinic
<input type="checkbox"/> St. Luke's Jerome	Specify the clinic(s) or treating doctor(s): _____	
<input type="checkbox"/> St. Luke's Rehab Hospital	_____	
<input type="checkbox"/> St. Luke's Nampa	_____	

If you wish to limit the accounting to those disclosures made to a specific person or entity, please identify that person or entity here. If this section is left blank, an accounting of all disclosures made during the time period listed above (except those for which the Hospital is not required to account for) will be provided:

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date/Time*

If you are **not** the patient, please fill in the following: (Personal Representative Information)

Your name \_\_\_\_\_

Your relationship to the Patient \_\_\_\_\_

Your address (if different than above) \_\_\_\_\_

Your phone (if different than above) (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*