Request for Accounting of PHI Disclosed by Williams College

I request an accounting of all PHI disclosed by Williams College's (fill in name of department or office) _____ pursuant to the requirements of the HIPAA Privacy Rule. I understand that this accounting will not include disclosures that were:

1. made prior to April 14, 2003;
2. made to carry out my treatment, payment for my treatment, or operational activities;
3. made to me or my personal representative;
4. made pursuant to an authorization from my personal representative or me;
5. made incident to a use or disclosure that is otherwise permitted to be made by Williams College;
6. made to discuss my healthcare with a family member or other individual involved in my care, or for other notification purposes permitted by law;
7. made as part of a limited data set (a medical record that includes PHI that could be used to identify me, but is redacted of obvious identifying information);
8. made for national security and intelligence purposes; or
9. made to a correctional institution or to law enforcement when I was an inmate or otherwise in custody at the time of disclosure.

The period of time I am requesting the accounting for is from:

_____ to _____

I understand that this period of time can be for no longer than 6 years and cannot include any time period before April 14, 2003, the date the Privacy Rule became effective. I also understand that the first accounting I request in any 12-month period will be given to me at no charge.

Signed: _____

Print Name: _____

Date: _____

For an individual requesting more than one accounting in a 12-month period, the following additional signature should be obtained:

I understand that because I have requested more than one accounting in a 12-month period that I will be charged the cost to Williams College for completing this accounting. I understand that this cost will be _____ and that payment must be made at the time I receive the accounting or prior to the accounting being mailed to me.

Agreed to:

Signed:_____Date:_____
               Print Name: