



**UNIVERSITY
PHYSICIANS**
BROOKLYN, INC.

PATIENT REQUEST FOR ACCOUNTING OF DISCLOSURES

As our patient, you have the right to request an accounting of disclosures which provides information about certain ways we have disclosed your health information to organizations external to University Physicians of Brooklyn, Inc. Our Notice of Privacy provides a detailed description of how we may use or disclose your information. If you would like to request an accounting after reading the Notice of Privacy, please complete the form below.

Patient Name: _____
Last Name First Name MI

Address: _____ Telephone: _____
_____ (daytime)
_____ (evening)

I would like an accounting of all disclosures made during the following time period:

(MM/DD/YY) FROM: ____/____/____ TO: ____/____/____

Please note that we cannot include disclosures that were made prior to April 14, 2003 because we were not required to collect this disclosure information until after that date.

POSSIBLE FEES

You are entitled to one free accounting every 12 months. If you have already requested an accounting within the last 12 months, we may charge a reasonable fee to cover the costs of producing any additional accountings you requested on this form. We will notify you before any fee is charged so that you may decide whether to continue with your request, modify your request to reduce the fee or withdraw your request and pay no fee.

By signing below, I am requesting that University Physicians of Brooklyn, Inc. provide me with the accounting described above. I understand that I will be contacted if any fee will be charged for providing this accounting and that I will have an opportunity to modify or withdraw my request if I do not want to pay that fee.

Print Name of Patient/ Personal Representative

Signature of Patient/ Personal Representative

Description of Personal Representative's Authority

Date

FOR UPB USE ONLY- To be completed by UPB staff:

Date Request Received: (MM/DD/YY) ____/____/____

Date Request was Completed: (MM/DD/YY) ____/____/____

Fee Charged for Fulfilling This Request (if applicable): \$_____

Name of UPB Staff Member

Date