

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.**

This request applies only to the health care provider that you indicate below. If you would like to receive an accounting from more than one provider, you must complete a separate form for provider. There may be a reasonable fee, based upon our costs, to provide this information.

Please provide the following information:

Patient Name: _____ Date of Birth: _____

GT ID#: _____ Phone number: _____

Address: _____

Please specify the health care provider from which you are requesting an accounting of disclosures.

Provider name: _____

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): _____

Signature of patient or personal representative Date

If personal representative, authority to act on behalf of patient

FOR INTERNAL USE ONLY

Received by: _____ Date: _____ Time: _____

Disposition:

GEORGIA INSTITUTE OF TECHNOLOGY
STAMPS HEALTH SERVICES

Notification made:

By: _____ Date: _____ Time: _____

Method: _____