



Request for Accounting of Disclosures

You may ask for a list of disclosures of your Protected Health Information made by Kern County Mental Health Department (KCMH). If you would like this information, please consider the following:

The list is free one time in any twelve-month period. KCMH may charge you for additional lists in the same twelve-month period. KCMH will not list disclosures made more than three years before your request. KCMH will not list disclosures made earlier than April 14, 2003. KCMH will not list disclosures that you authorized.

INSTRUCTIONS: To request an accounting of disclosures of your personal health information, complete the top portion of this form. Mail the completed form to: CONFIDENTIAL, Privacy Officer, c/o KCMH, P.O. Box 1000, Bakersfield, CA 93302. The Privacy Officer may contact you to request additional information.

Today's Date:	
Name:	Medical Record # (if known):
Social Security #:	Date of Birth:
Last Treatment Team (if known):	Last Case Manager (if known):

How do you want to receive this information?	
<input type="checkbox"/> Mail (please complete mailing address below) <input type="checkbox"/> Phone call to pick up information () -	
Mailing address where information may be sent:	Name(s) of person(s) authorized to receive information:
Street Address or P.O. Box	
City State Zip	

I am requesting a list of disclosures for the following period of time: (be specific)

From: _____ **To:** _____
 Month / Day / Year Month / Day / Year

Signature: _____ **Date:** _____

(See other side for client rights information)
 DO NOT WRITE BELOW THIS LINE FOR KCMH USE ONLY

Approved _____
 Delayed _____

If delayed, contact client to inform him or her of reasons for delay and to provide an expected date the request will be fulfilled.

Client contacted _____ Expected date of accounting _____
 Month / Day / Year Month / Day / Year

Comments: _____

KCMH Representative Signature _____
Date

Your Right to Access Your Information:

- ❖ You have a right to request an accounting of disclosures made by KCMH of your information.
- ❖ You have a right to have an answer to your request within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- ❖ Your first request for an accounting in a twelve-month period is free. You may be charged for additional requests in the same twelve-month period.

You have a right to file a privacy complaint:

- ❖ Individuals can file privacy complaints with either KCMH or with the U.S. Department of Health and Human Services, Office for Civil Rights.
- ❖ Privacy complaints may be directed to any of the following:

Verbally or written to:

CONFIDENTIAL

Privacy Officer

Kern County Mental Health

P.O. Box 1000

Bakersfield, CA 93302

Phone: 888-875-5559

In writing within 180 days of the violation to:

U.S. Department of Health and Human Services, Office for Civil Rights

Medical Privacy, Complaint Division

200 Independence Avenue, SW

HHH Building, Room 509H

Washington, D.C. 20201