



Z26191 Request for an Accounting of Disclosure of Health Information

Your Rights

You have the right to ask for a listing of the persons or organizations we have shared your information with, subject to certain exceptions. This is known as a request for an Accounting of Disclosures.

- An Accounting of Disclosures is not a list of people who have viewed your electronic health record for treatment, payment, or Navicent Health's business activities.
- It does not include who we have shared your information with when we received an Authorization signed by you or when we have given you a copy of your record.
- In most cases, you will receive a letter in the mail within 60 days of the date we received your request.
- In some cases, we may need an additional 30 days, which the law allows. In this event, we will send you a letter telling you why and when you can expect to get an answer.
- The first request in a 12-month period is free.

To request an Accounting of Disclosures please complete this form and submit it to: Navicent Health Corporate Compliance, 777 Hemlock St. MSC# 111, Macon, GA 31201.

Accounting of Disclosures of Health Information

Name:	Date of Birth:	
Street Address:	City, State, Zip Code:	
E-mail Address:	Telephone Number:	
I would like an Accounting of Disclosures for the following go back six years from today's date.)	g timeframe: (Please note: an accounting of disclosures can only	
From:	Го:	
Please specify the facility or practice from which you are requesting an accounting of disclosures:		
Signature of Patient/Representative:	Date:Time:	
If signing as authorized representative, describe your authority as appropriate:	to act for the patient, and submit documentation showing such authority,	
_For Navice	ent Health Use Only	
Date request received:	-	
Signature(s):	Date:	
Print Name & Title:		
Comments:		

Entity-Department Name: System- Corporate Compliance	Revision Date: 10/30/19
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