

USE ONLY

Cornell Health

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Patient/Client Request for an Accounting of Disclosures

The Health Insurance Portability and Accountability Act ("HIPAA") gives you the right to receive an accounting of certain disclosures of your health information that are made by Cornell Health and its Business Associates for up to six (6) years prior to the date of your request. You are not entitled to receive an accounting of disclosures that are made to carry out treatment, to obtain or make payment for treatment, or for health care operations. You are not entitled to receive an accounting of disclosures that are made to you or pursuant to your authorization, to your family or other persons involved in your care, or for national security or certain law enforcement purposes.

You are entitled to one free accounting every 12 months. If you have already requested an accounting within the last 12 months, we will charge you a reasonable fee of \$50 to cover the costs of producing an additional accounting. You will receive the accounting via certified mail within 60 days of receipt of your request.

To request an accounting of disclosures, please complete the form below and send to: Privacy Officer, Cornell Health, 110 Ho Plaza, Ithaca, NY 14853-3101

Name	Date of birth (mm/dd/yyyy)			
Email address	Phone	Phone number		
Mailing address				
Send Accounting of Disclosures to this address (if different from above):				
I request an Accounting of Disclosures that were made during the following time frame:				
From (<i>mm/dd/yyyy</i>) to				
I understand that, if I have already received an accounting within the last 12 months, I will be charged a reasonable fee of \$50; and I agree to pay the fee.				
Signature	Date	Ti	me	
patient/client or person authorized to sign	mn	n/dd/yyyy	a.m. / p.m.	
f If the consenting party is other than the patient/client, print name and relationship to patient/client:				