Request for an Accounting of Disclosures of Protected Health Information (PHI)

The completed form can be returned to the HISM Department by email at **HISM@wellpower.org**, by fax at **(303) 504-6504**, or in person/by postal mail to **4141 East Dickenson Place, Denver, CO 80222, attention: HISM**.
If you have questions, please call (303) 504-6510.

Person Served Information
Please complete the following information about the person whose health records an amendment is being requested.

First Name: _____ M.I.: _____ Last Name: _____

WellPower ID#: _____ Date of Birth: _____ *(mm/dd/yyyy)*

Requestor Information
If you are requesting an accounting of disclosures on behalf of the person in services, please fill in your information below. Supporting documentation of your legal authority to make this request must be included. Leave blank if not applicable.

First Name: _____ M.I.: _____ Last Name: _____

Organization: _____

Relationship: _____

Your Contact Information

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Pursuant to the HIPAA Privacy Regulation, you have a right to receive an accounting of disclosures of your PHI made by WellPower in the six years prior to the date on which the accounting is requested. You may request disclosures as far back as six years; however, the accounting is **not** required to include the following disclosures WellPower has made:

1. Disclosures to carry out treatment, payment, or health care operations.
2. Disclosures to you or your legal guardian.
3. Disclosures to friend and family involved in your care or for certain notification purposes.
4. Disclosures made to a correctional institution or law enforcement official having custody of you.
5. Disclosures pursuant to HIPAA compliant authorization.
6. Disclosures for national security intelligence purposes.
7. Disclosures that are made as part of a Limited Data Set.
8. Disclosures that are incident to an otherwise permissible use or disclosure of your PHI.

Request Details

Time Frame From: _____ To: _____

If you are looking for something specific, please provide details: _____

_____

_____

_____

_____

_____

X _____ _____
Requestor Signature   Signature Date