

PATIENT REQUEST FOR ACCOUNTING OF DISCLOSURES

Patient Complete Legal Name: _____

Date of Birth: _____ Social Security No. _____

I hereby request an accounting of all disclosures of my Protected Health Information made by the District covering:

All Disclosure

-or-

Disclosure made between the dates _____ and _____.

I understand that if this is my first request in any twelve-month period, the accounting will be provided to me at no charge. If this is a subsequent request within any twelve-month period, I will be charged a reasonable administrative fee. I may modify or withdraw my request for an accounting of disclosures in order to avoid or reduce the fee.

Signature: _____ Date: _____

(Patient or Personal Representative)

THE FOLLOWING INFORMATION IS NEEDED IF SIGNED BY A PERSONAL REPRESENTATIVE:

Type of authority (e.g., court appointed, custodial parent): _____

FILE IN PATIENT RECORD

Charges for Paper Copies: Louisiana law provides that if the original treatment records are generated, maintained, or stored in paper form, copies shall be provided upon payment of a reasonable cost-based fee for copying not to exceed one dollar per page for the first twenty-five pages, fifty cents per page for twenty-six to three hundred fifty pages, and twenty-five cents per page thereafter, a handling charge not to exceed twenty-five dollars and actual postage. The charges shall be applied to all persons and legal entities duly authorized by the patient to obtain a copy of their medical records. La. Rev. Stat. Ann. § 40:1299.96

Charges for Electronic Copies: Louisiana law provides that if treatment records are generated, maintained, or stored in digital format, copies may be requested to be provided in digital format shall not exceed reasonable cost-base fee for reproduction costs of up to one hundred dollars, including all postage and labor charges actually incurred. La. Rev. Stat. Ann. § 40:1299.96