

TAB 44
Request for an Accounting

See attached

**DEPAUL FAMILY AND COMMUNITY SERVICES
REQUEST FOR AN ACCOUNTING**

Patient's Name:	_____	_____	_____
	Last	First	Middle
Home Address:	_____		

Home Phone:	_____		

By my signature below, I hereby request an accounting of all accountable disclosures of my Protected Health Information that DePaul Family and Community Services ("FCS") or any of its Business Associates have made during the past number of years checked below [please check one box]:

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| 1 year <input type="checkbox"/> | 3 years <input type="checkbox"/> | 5 years <input type="checkbox"/> |
| 2 years <input type="checkbox"/> | 4 years <input type="checkbox"/> | 6 years <input type="checkbox"/> |

I understand that FCS is not obligated to provide me an accounting of any accountable disclosures made before more than six year prior to the date of this request.

If I need further information regarding the types of disclosures that are "accountable," I understand that I can ask FCS for a copy of its policy that describes what types of disclosures are "accountable." In particular, I understand that disclosures made in connection with treatment, payment and certain health care operations conducted by FCS are not "accountable," nor are disclosures made by FCS pursuant to my authorization.

I understand that if this is my first request during the past 12 months for an accounting of disclosures, then I will receive my requested accounting free of charge. I understand that if I have made more than one request during the past 12 months for an accounting of disclosures, then FCS will charge me \$0.50 per page for copying costs and \$25.00 per hour of clerical work necessary to complete my requested accounting. If this fee is unacceptable to me I do not need to complete this form, but I understand that if I don't complete this form I will not receive my requested accounting of disclosures.

Signature of Patient (or Personal Representative)

Date

Printed name of Personal Representative

Date

Relationship to Patient

After you have completed this Request for an Accounting, please deliver it to the FCS Business Manager by mail to 2219 N. Kenmore Ave., Suite 300, Chicago, Illinois 60614, by fax to 773-325-7781 or email to DePaulFCS@depaul.edu. If you have any questions regarding this Request for an Accounting form, please contact the FCS Business Manager by phone at 773-325-7788 or at the addresses or phone numbers in the preceding sentence.