



Accounting of Disclosures of Protected Health Information #1660.060

INITIAL EFFECTIVE DATE: October 13, 2020	LAST REVISION DATE: February 29, 2024	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT Office of Compliance and Integrity
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POLICY STATEMENT

Florida International University (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Health Care Components (Components) must permit their patients and legally authorized representative (Representative) to request an accounting of disclosures of the Protected Health Information (PHI) made by the Component about the patient in the six (6) years prior to the date on which the accounting of disclosures is requested. An accounting of disclosures will also include disclosures made to or by Business Associates.

Components must maintain a record of all disclosures of information contained in the patient’s Medical Records to a third party, including the date of the disclosure, the name of the person or entity who received the PHI, a brief description of the PHI disclosed, a brief statement of the purpose/reason of the disclosure request, and a copy of the written request for disclosure. The record of disclosure may be maintained in the patient’s Medical Records.

Components are expected to develop procedures or protocols supplementing this policy and procedure when Component-specific procedures are needed. As a University-wide policy and procedure approved by the HIPAA Steering Committee, Component Privacy Coordinators, the Office of Compliance and Integrity, and the Office of General Counsel, this policy and procedure takes precedence over any Component-specific policies, procedures, or protocols that conflicts with this policy and procedure, unless prior approval is obtained from the Office of Compliance and Integrity. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

Components may maintain HIPAA documentation in either paper or electronic form, provided that any format is sufficiently protected to ensure it will be retrievable throughout the required retention period. Unless otherwise indicated in the FIU Privacy or Security Rule Policy and Procedure, each Component Privacy Coordinator will be responsible for maintaining all HIPAA documentation relevant to his/her Component. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)



All Component Workforce members shall receive mandatory HIPAA Privacy and Security Rule training. (FIU Policy and Procedure # 1660.075) (HIPAA Privacy and Security Rule Training)

Component Workforce members who fail to adhere to this policy and procedure may be subject to criminal and civil penalties as provided by law, and/or administrative and disciplinary action. (FIU Policy and Procedure #1660.085) (Sanctions)

Each Component must designate a HIPAA Privacy Coordinator and a HIPAA Security Coordinator. (FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)

FIU reserves the right to amend, change or terminate this policy and procedure at any time, either prospectively or retroactively, without notice. Any ambiguities between this policy and procedure and the other policies and procedures should be accordingly made consistent with the requirements of HIPAA, Florida state statutes and regulations, and the Information Blocking Rules. (FIU Policy and Procedure 1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

SCOPE

This policy applies to FIU’s Health Care Components that are contained within FIU’s HIPAA Hybrid Designation (Policy and Procedure #1610.005), its Workforce members and Business Associates as defined in this policy and FIU Policy and Procedure #1660.015 regarding Business Associate Agreements.

REASON FOR POLICY

To establish a patient’s right to request an accounting of disclosures of their PHI as described in the HIPAA Privacy Rule, Florida states statutes and regulations, the Information Blocking rules, and to provide direction to the FIU Components regarding the requirements to track disclosures and provide an accounting of disclosures of PHI to patients.

NOTE: The FIU HIPAA Hybrid designated Health Care Components may employ an automated system to provide the requested accounting of disclosures.

DEFINITIONS

TERM	DEFINITIONS
Accounting of Disclosures	The provision of a list of disclosures made by a covered entity/Component.

Administrative Officer	Means the Component Workforce member responsible for financial management, human resources administration, management of facilities and equipment, and other administrative functions required to support the teaching and research missions of the FIU HIPAA Hybrid Designated Health Care Component. The Administrative Officer is the senior administrative staff position in the department, Division or Office and provides continuity as academic leadership changes.
Authorization (HIPAA Authorization)	A specific type of permission given by the patient to use and/or disclose Protected Health Information about the patient. FIU Component Workforce members may use their department, division, unit specific Accounting of Disclosures forms or the FIU created and approved Request for an Accounting of Disclosures, Disclosure Tracking Log, and Reports of Disclosures to Third Parties forms, as the Component deems appropriate.
Business Associate	Generally, an entity or person who performs a function involving the use or disclosure of Protected Health Information (PHI) on behalf of a covered entity (such as claims processing, case management, utilization review, quality assurance, billing) or provides services for a covered entity that require the disclosure of PHI (such as legal, actuarial, accounting, accreditation).
Code of Federal Regulations	Also known as CFR is the codification of the general and permanent regulations promulgated by the executive departments and agencies of the federal government of the United States.
Component	A component or combination of components of a hybrid entity designated by the hybrid entity (Florida International University). Those programs designated by FIU that must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, hereinafter referred to as "Components". Components of FIU are required to comply with the Administrative Simplification provisions of HIPAA because the Components perform a covered function.
Privacy Coordinator	Means an FIU Workforce member, appointed by the director, manager, or supervisor of a HIPAA Designated Component to conduct and/or coordinate with necessary and appropriate Workforce members all HIPAA Privacy Rule activities and actions within the Component, including but not limited to tracking HIPAA training activities; coordinating HIPAA Privacy Rule implementation; participating in HIPAA Privacy and Security Rule violation investigations, as necessary and appropriate, communicating with the Director of Compliance and Privacy for Health Affairs, the HIPAA Security Officer, and the

	Office of General Counsel, as necessary and appropriate, regarding HIPAA Privacy and Security Rule activities and concerns; conducting and reporting monitoring activities; participating in assessments; and responding to, tracking and documenting HIPAA Privacy Rule activities. Maintains ongoing communication with the Director of Compliance and Privacy for Health Affairs and the HIPAA Security Officer.
Correctional Institution	Means any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house, or residential community program center operated by, or under contract to, the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense or other persons held in lawful custody. Other persons held in lawful custody includes juvenile offenders adjudicated delinquent, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial.
Covered Entity	An entity that is subject to HIPAA: <ol style="list-style-type: none"> 1. a health plan; 2. a health care clearinghouse; and/or 3. a health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.
De-identified Data	Health information that does not identify a patient and with respect to which there is no reasonable basis to believe that the information can be used to identify a patient is de-identified. Health information is considered de-identified <ol style="list-style-type: none"> 1. if an expert in statistical and scientific method determines that there is a very small risk that the information could be used alone or in combination with other information to identify a patient, or 2. if stripped of all of the 18 direct identifiers defined under HIPAA: <ol style="list-style-type: none"> a. Name of patient(s); b. Geographic units smaller than a state (initial three digits of a zip code can be used if the geographic area contains more than 20,000 people); c. Dates (Date of Birth, Date of Death, Admission/ Discharge Dates); d. Ages (Over the age of 89 and any combination of date of birth that reveals an age 89 and over);

	<ul style="list-style-type: none"> e. Telephone numbers; f. Fax numbers; g. E-mail addresses; h. Social Security Numbers; i. Medical record numbers; j. Health plan beneficiary numbers; k. Account numbers; l. Certificate/License numbers; m. Vehicle identifiers and serial numbers (including license plate numbers); n. Device identifiers and serial numbers; o. Web universal resource locators (URLs); p. Internet protocol (IP) address numbers; q. Biometric identifiers including finger and voice prints; r. Full face photographic images and any comparable images; and s. Any other unique identifying number, characteristic or code, except a re-identification code. <p>NOTE: HIPAA does not apply to de-identified data.</p>
<p>Designated Record Set</p>	<ul style="list-style-type: none"> 1. A group of records maintained by or for a covered entity that is: <ul style="list-style-type: none"> a. The medical records and billing records about patients maintained by or for a covered health care provider; b. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or c. Used, in whole or in part, by or for the covered entity to make decisions about patients. 2. For purposes of this paragraph, the term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.
<p>Disclosure</p>	<p>Means the release, transfer, provision of access to, or divulging in any other manner of protected health information outside of the entity holding the information.</p>
<p>Electronic Health/Medical Record (EMR)</p>	<p>Means an electronic record of health-related information on a patient that is created, gathered, managed and consulted by authorized health care clinicians and staff.</p>
<p>Electronic Protected Health Information (ePHI)</p>	<p>PHI in electronic form. See also: <u>PHI</u>.</p>

<p>Family Member</p>	<p>Means a patient’s dependent or any other person who is a first-degree, second-degree, third-degree, or fourth-degree relative of the patient or the patient’s dependent. Relatives by marriage or adoption are treated the same as relatives who share a common biological ancestor. First-degree relatives include parents, spouses, siblings and children. Second-degree relatives include grandparents, grandchildren, aunts, uncles, nephews, and nieces. Third-degree relatives include great-grandparents, great-grandchildren, great aunts, great uncles, and first cousins. Fourth-degree relatives include great-great grandparents, great-great grandchildren, and children of first cousins.</p>
<p>Florida Statutes</p>	<p>Also known as F.S. are the codified, statutory laws of Florida</p>
<p>Health Care</p>	<p>Means the care, services, or supplies related to the health of a patient, including:</p> <ol style="list-style-type: none"> 1. preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of a patient or that affects the structure or function of the body; and 2. sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.
<p>Health Care Operations</p>	<p>Means any of the following activities:</p> <ol style="list-style-type: none"> 1. quality assessment and improvement activities, including case management and care coordination; 2. competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; 3. conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; 4. specified insurance functions, such as underwriting, risk rating, and reinsuring risk; 5. business planning, development, management, and administration; and 6. business management and general administrative activities of the entity, including but not limited to: <ol style="list-style-type: none"> a. de-identifying protected health information, b. creating a limited data set, and c. certain fundraising for the benefit of the covered entity.

<p>Health Care Provider</p>	<p>Means a provider of medical or health services and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.</p>
<p>Health Information</p>	<p>Means any information, whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an patient; the provision of health care to an patient; or the past, present, or future payment for the provision of health care to an patient.</p>
<p>Health Oversight Agency</p>	<p>An agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.</p> <p>NOTE: For the purpose of the disclosures permitted by 45 CFR §164.512, a health oversight activity does not include an investigation or other activity in which the patient is the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to:</p> <ul style="list-style-type: none"> • The receipt of health care; • A claim for public benefits related to health; or • Qualification for, or receipt of, public benefits or services when a patient’s health is integral to the claim for public benefits or services. <p>NOTE: Organizations with oversight responsibility include those at federal, state or county level which have, as part of their charter, the legal responsibility and authority to oversee health operations or regulate or license health facilities.</p> <p>Some examples of oversight activities include:</p> <ul style="list-style-type: none"> • Audits • Inspections • Licensure or disciplinary actions

	<ul style="list-style-type: none"> • Civil investigations, proceedings, or actions • Administrative investigations, proceedings, or actions • Criminal investigations, proceedings, or actions <p>NOTE: Because their focus is oversight, these rules are not designed to permit other kinds of law enforcement investigations of an individual.</p>
HIPAA	Means the Health Insurance Portability and Accountability Act of 1996.
U.S. Department of Health and Human Services	Also known as HHS is a cabinet-level executive branch department of the U.S. federal government created to protect the health of the U.S. people and providing essential human services.
Hybrid Covered Entity	Means a single legal entity that performs both covered and non-covered functions. The entity has a defined health care component that engages in HIPAA electronic transactions.
Health Care Component	Means a Component or combination of components of a hybrid entity that has been specifically designated by the covered entity because it either performs covered functions; or activities that would make such component a business associate of a component that performs covered functions if the two components were separate legal entities.
Incidental Use	Means a use or disclosure that occurs as a by-product of another permissible or required use or disclosure, as long as the covered entity or support unit has applied reasonable safeguards and implemented the minimum necessary standard, where applicable, with respect to the primary use or disclosure. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use or disclosure that is permitted by the Privacy Rule. However, an incidental use or disclosure is not permitted if it is a by-product of an underlying use or disclosure which violates the Privacy Rule.
Institutional Review Board (IRB)	Means an approved board that can be used to review and approve a researcher’s request to waive or alter the HIPAA Privacy Rule’s requirements for an Authorization. The HIPAA Privacy Rule does not alter the membership, functions or operations, and review and approval procedures of an IRB regarding the protections of human subjects established by other Federal requirements.

<p>Law Enforcement Official</p>	<p>Means an officer or employee of any agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, who is empowered by law to:</p> <ol style="list-style-type: none"> 1. Investigate or conduct an official inquiry into a potential violation of law; or 2. Prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law.
<p>Legally Authorized Representative</p>	<p>Means a person authorized either by state law or by court appointment to make decisions, including decisions related to health care, on behalf of another person, including someone who is authorized under applicable law to consent on behalf of a prospective subject to the subject’s participation in the procedure involved in the research.</p>
<p>Limited Data Set</p>	<p>Means PHI that is made available for research, public health or health care operations subject to a data use agreement and excludes the following direct identifiers of the patient or of relatives, employers, or household members of the patient:</p> <ol style="list-style-type: none"> 1. Names; Street address (other than town or city, state, and zip code); 3. Telephone numbers; 4. Fax numbers; 5. Electronic mail addresses; 6. Social Security Numbers; 7. Medical record numbers; 8. Health plan beneficiary numbers; 9. Account numbers; 10. Certificate/License numbers; Vehicle identifiers and serial numbers (including license plate numbers); 12. Device identifiers and serial numbers; 13. Web universal resource locators (URLs); 14. Internet protocol (IP) address numbers; Biometric identifiers including finger and voice prints; and Full face photographic images and any comparable images. <p>NOTE: The health information that may remain in the information disclosed includes:</p> <ul style="list-style-type: none"> • dates such as admission, discharge, service, DOB, DOD; • city, state, five digit or more zip code; and • ages in years, months or days or hours. <p>NOTE: It is important to note that this information is still protected health information or “PHI” under HIPAA. It is not</p>



	de-identified information and is still subject to the requirements of the Privacy Regulations.
Minimum Necessary Standard	Means the limit use, disclosure, or request of PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.
Modify	Refers to a change adopted by the Secretary, through regulation, to a standard or an implementation specification.
Patient	The person who is the subject of the PHI.
Payment	Means the activities undertaken by a health care provider to obtain payment for the provision of care or by a health plan to provide reimbursement for the provision of care.
Personal Representative	Means an individual with the legal authority to act on behalf of an incompetent adult patient, a minor patient or a deceased patient or the patient’s estate in making health care decisions or in exercising the patient’s rights related to the patient’s protected health information.
Privacy Coordinator	An FIU Workforce member, appointed by the director, manager, or supervisor of a HIPAA Designated Component to conduct and/or coordinate with necessary and appropriate Workforce members all HIPAA Privacy Rule activities and actions within the Component, including but not limited to tracking HIPAA training activities; coordinating HIPAA Privacy Rule implementation; participating in HIPAA Privacy and Security Rule violation investigations, as necessary and appropriate, communicating with the Director of Compliance and Privacy for Health Affairs, the HIPAA Security Officer, and the Office of General Counsel, as necessary and appropriate, regarding HIPAA Privacy and Security Rule activities and concerns; conducting and reporting monitoring activities; participate in assessments; and responding to, tracking and documenting HIPAA Privacy Rule activities. Maintain ongoing communication with the Director of Compliance and Privacy for Health Affairs and the HIPAA Security Officer.
Protected Health Information (PHI)	Means any individually identifiable health information collected or created in the course of the provision of health care services by a covered entity, in any form (written, verbal or electronic). PHI relates to the past, present, or future physical or mental health or condition of an individual or the past, present, or future payment for the provision of health care to an individual. Protected Health Information however specifically excludes: <ul style="list-style-type: none"> 1. Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. § 1232g (“FERPA”);

	<p>2. Records described at 20 U.S.C. § 1232g(a)(4)(B)(iv); and</p> <p>3. Employment records held by a covered entity in its role as an employer.</p>
Public Health Authority	Means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.
Record	Means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or on behalf of a Covered Program.
Record Owner	Means any health care practitioner who generates a medical record after making a physical or mental examination of, or administering treatment or dispensing legend drugs to, any person; any health care practitioner to whom records are transferred by a previous records owner; or any health care practitioner’s employer, including, but not limited to, group practices and staff-model health maintenance organizations, provided the employment contract or agreement between the employer and the health care practitioner designates the employer as the records owner. F.S. §456.057
Required by law	Means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. Required by law includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.
Research	Means any systematic investigation designed to develop or contribute to generalizable knowledge. The Privacy Rule permits a covered entity to use and disclose protected health information for research purposes, without an individual’s authorization, provided the covered entity obtains either:

	<p>(1) documentation that an alteration or waiver of individuals’ authorization for the use or disclosure of protected health information about them for research purposes has been approved by an Institutional Review Board or Privacy Board;</p> <p>(2) representations from the researcher that the use or disclosure of the protected health information is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any protected health information from the covered entity, and that protected health information for which access is sought is necessary for the research; or</p> <p>(3) representations from the researcher that the use or disclosure sought is solely for research on the protected health information of decedents, that the protected health information sought is necessary for the research, and, at the request of the covered entity, documentation of the death of the individuals about whom information is sought. A covered entity also may use or disclose, without an individuals’ authorization, a limited data set of protected health information for research purposes.</p>
Secretary	Means the Secretary of Health and Human Services or any other officer or employee of HHS to whom the authority involved has been delegated.
Standard	Means a rule, condition, or requirement: <ol style="list-style-type: none"> 1. Describing the following information for products, systems, services, or practices: <ol style="list-style-type: none"> a. Classification of components; b. Specification of materials, performance, or operations; or c. Delineation of procedures; or 2. With respect to the privacy of protected health information.
State refers to one of the following:	<ol style="list-style-type: none"> 1. For a health plan established or regulated by Federal law, State has the meaning set forth in the applicable section of the United States Code for such health plan. 2. For all other purposes, State means any of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.
Treatment, payment, and healthcare operations	Also known as TPO
Treatment	Means the provision, coordination, or management of health care and related services among health care providers or by a



	healthcare provider with a third party, or consultative services among providers regarding a patient.
Use	With respect to patient identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.
Workforce	Means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity (FIU HIPAA Component) or business associate, is under the direct control of such covered entity or business associate, whether or not they are paid by the covered entity or business associate.

ROLES AND RESPONSIBILITIES

I. Compliance Oversight: The Office of University Compliance and Integrity (University Compliance)

- Evaluates all federal and state healthcare privacy laws, regulations, rules and ordinances (Rules) to ensure compliance with the Rules.
- Develops and maintains all required University-wide Privacy Rule policies and procedures.
- Develops and maintains HIPAA health care Privacy Rule training modules and ensures appropriate Workforce members complete the required training.
- Performs audits and assessments of the Components to ensure their compliance with the Privacy Rules and associated FIU Policies and Procedures.
- Partners with the Division of Information Technology HIPAA Security Officer to ensure compliance with all federal and state healthcare privacy and security laws, regulations rules, and ordinances.

II. HIPAA Components:

- Each FIU HIPAA Hybrid Designated Component must designate a Privacy Coordinator responsible for overseeing and ensuring the Component’s implementation and compliance with the HIPAA Privacy Rule, FIU’s associated HIPAA Privacy Policies and Procedures, and any applicable federal laws and Florida state statutes governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to receiving and processing requests by patients for an accounting of disclosures of their PHI.

RELATED RESOURCES

I. References

- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.508
- 45 CFR §164.512
- 45 CFR §164.514
- 45 CFR §164.522
- 45 CFR §164.530
- Florida Statute §456.057
- Florida Statute §95.11

II. Related Policies

- FIU Policy # 1610.005 (Designated Health Care Components of FIU Community)
- FIU Policy and Procedure #1610.015 (Sanctions)
- FIU Policy and Procedure #1610.020 (Business Associate Agreements)
- FIU Policy and Procedure #1640.010 (HIPAA Privacy and Security Rule Training)
- FIU Policy and Procedure #1660.001 (Representatives)
- FIU Policy and Procedure #1660.005 (Right of Patients to Request Confidential Communications Regarding the Use and Disclosure of Their Protected Health Information)
- FIU Policy and Procedure #1660.015 (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)
- FIU Policy and Procedure #1660.040 (Verification)
- FIU Policy and Procedure #1660.070 (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)
- FIU Policy and Procedure #1660.085 (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

CONTACTS

For further information concerning this policy, please contact the FIU Office of Compliance and Integrity at (305) 348-2216, compliance@fiu.edu, hipaaprivacy@fiu.edu, or the appropriate Component Privacy Coordinator.

HISTORY

Initial Effective Date: October 13, 2020

Review Dates (*review performed, no updates*): n/a

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Accounting of Disclosures of Protected Health Information # 1660.060a

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
October 13, 2020	February 29, 2024	Office of Compliance and Integrity

PROCEDURE STATEMENT

I. Request for Accounting

Each Florida International University (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Health Care Component (Component) must designate a Privacy Coordinator responsible for overseeing and ensuring the Component’s implementation and compliance with the HIPAA Privacy Rule, FIU’s associated HIPAA Privacy Policies and Procedures, and any applicable federal laws and Florida state statutes governing the confidentiality, integrity and availability of Protected Health Information (PHI) and electronic PHI (ePHI), including, but not limited to receiving and processing requests by patients, and/or their legal representative, for an accounting of disclosures of their PHI. Privacy Coordinators may delegate and share duties and responsibilities as necessary and appropriate but retain oversight responsibility. (FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)

Each Component must track those disclosures subject to the HIPAA and Florida Statute accounting of disclosure requirements. (Sample Disclosure Tracking Log form attached) (Tracking Form).

NOTE: The attached Sample Accounting of Disclosure Form (Accounting Form), Disclosure Tracking Log (Tracking Form), and Reports of Disclosures to Third Parties Form (Disclosures to Third Parties Form) will be referred to throughout this procedure when addressing the HIPAA Privacy Rule and FIU the Accounting of Disclosures requirements.

- A. When a patient requests an accounting of disclosures of their PHI, the Workforce member will request the patient make their request for an accounting in writing by completing and submitting the Accounting Form. However, the Workforce member will accept any written request for an accounting if the required information and signature are provided.
- B. The Workforce member will assist the patient with completing the Accounting Form, if necessary.

- C. The Workforce member will honor requests for alternate means of making a request for an accounting of disclosures if reasonable accommodations for such things as disability or illiteracy are needed.
- D. The Workforce member will advise the patient in advance that the first accounting of disclosures to a patient within a 12-month period will be provided without charge. If the Component elects to do so, it may impose a reasonable, cost-based fee for each subsequent request for an accounting of disclosures by the same patient within the 12-month period, but will advise the patient of the fees prior to taking any action on the request for an accounting of disclosures. The Workforce member will allow the patient the opportunity to modify or withdraw their request for an accounting of disclosures after the Workforce member explains the reasonable, cost-based fees associated with the request.
- E. The Workforce member will document in the patient's Medical Records and/or on the "Fees Section" of the Accounting Form:
 - 1. The date, name, and title of the Workforce member who advised the patient of the cost-based fees, if any;
 - 2. Whether the patient agreed with the cost-based fees, and
 - 3. If the patient modified or withdrew their request for an accounting of disclosures and the modified cost-based fees, if any.
- F. Upon receipt of a complete or incomplete Accounting Form, or other written document, the Workforce member must verify and document the identity of the individual making the request in accordance with the requirements FIU Policy and Procedure #1660.040 (Verification)

II. Incomplete Accounting Form

- A. If the patient submits an incomplete Accounting Form, or written document, the Workforce member will not evaluate the request for an accounting of disclosures until all required information and signature are provided. The Workforce member will:
 - 1. Date stamp the incomplete Accounting Form, or written document, on the date received;
 - 2. Document in the patient's Medical Records:
 - a. That the Accounting Form, or written document is incomplete;
 - b. The date the incomplete Accounting Form, or written document was received;
 - c. The name and title of the Workforce member who received the incomplete Accounting Form, or written document, and
 - d. The reason(s) why the Accounting Form, or other written document, is incomplete.
 - 3. Make a photocopy of the patient's incomplete Accounting Form or written document, and

4. Properly secure the photocopy of the incomplete Accounting Form or written document in the patient's Medical Records.

NOTE: It is preferable for the Workforce member to contact the patient in-person or via the telephone and advise him/her of that the required information is missing and that their request for an accounting cannot be evaluated until the required information is provided, versus mailing a written notice to the patient, as mailing a written notice may unreasonably delay the patient right to an accounting.

- B. Prior to contacting the patient to advise him/her of the need for the missing information, the Workforce member must review the patient's Accounting Form, or other written document, and the Medical Records to identify:
 1. If the patient previously identified a preferred method of communication, and/or
 2. If the patient previously requested, and the Component agreed to communicate with the patient via alternate means or location. (FIU Policy and Procedure #1660.045) (Right of Patients to Request Confidential Communications Regarding the Use and Disclosure of Their Protected Health Inform). (hereinafter Confidential Communications).
- C. If the patient is not available in-person, or via the telephone, and had not previously requested and been approved for confidential communications via electronic means, the Workforce member may notify the patient of the need for the missing information by sending the original incomplete Accounting Form, or other written document, and a Cover Letter (See Sample Letter Requesting Complete or Additional Information) (Cover Letter) without undue delay to the patient via the United States Postal Service First-Class Mail in an envelope that identifies the name of the Component (e.g., Center for Children and Family).

NOTE: Electronic communications/ means (e.g., email/facsimile/text messages) are only available as an option if previously requested by the patient and approved by the Component in which case the procedures set forth for delivery and documentation as outlined in FIU Policy and Procedure #1660.005 (Confidential Communications) shall apply.

- D. The Workforce member must:
 1. Document in the patient's Medical Records:
 - a. The date, name, and title of the Workforce member who completed the delivery, and
 - b. The method of delivery.
 2. Properly secure a copy of the incomplete Accounting Form, or other written document, and Cover Letter in the patient's Medical Records, and
 3. If the delivery is accomplished via previously requested and approved electronic communication/means, the Workforce member must:

- a. Print a hardcopy of the electronic communication (i.e., email/facsimile/text message) and properly secure it in the patient's Medical Records, and
- b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's Medical Records.

**III. Properly Completed Accounting Form
Timely Action by the Component**

- A. Upon receipt of a properly completed Accounting Form, or other written document, the Workforce member must:
 1. Date stamp the completed Accounting Form, or other written document, on the date received;
 2. Complete the "For FIU Entities USE ONLY" section of the Accounting Form,
 3. Promptly document in the patient's Medical Records:
 - a. Receipt of the Accounting form, or other written document, and
 - b. The date, name, and title of the Workforce member who received the properly completed Accounting Form, or other written document, and
 4. Properly secure the Accounting Form, or other written document, in the patient's Medical Records.
- B. The Workforce member will promptly review and evaluate the Accounting Form, or other written document, and determine whether to grant, delay, or deny the request for an Accounting of Disclosures as outlined below in Sections IV, V, VI, and VII. If necessary, the Workforce member will confer with the Director of Compliance and Privacy for Health Affairs, Office of Compliance and Integrity.
- C. The Workforce member must act on a request for an Accounting of Disclosure in a timely manner, but not greater than 60-days following receipt of a properly completed Accounting Form, or other written document.
- D. If the Workforce member is not able to take action of the request within 60-days following receipt of a properly completed Accounting Form, or other written document, the Workforce member may extend the time for such action by not greater than 30-days by providing the patient with a written statement of the reason(s) for the delay and the date by which the Workforce member will complete its action on the request. (See Sample Letter Notifying Patient of Need for 30-Day Extension in Responding to Request for an Accounting of Disclosures attached) (hereinafter 30-Day Extension Letter)

NOTE: The Workforce member must deliver the 30-Day Extension Letter to the patient prior to the expiration of the initial 60-days.

NOTE: The Component may have only one 30-day extension of time for action on a request for an Accounting of Disclosures.

- E. The preferred method of delivery of the 30-Day Extension Letter alerting the patient of the extension is in-person; however, deliver may also be made to the patient via the United States Postal Serviced First-Class Mail in an envelope that identifies the name of the Component (e.g., Center for Children and Family).
- F. Prior to notifying the patient to advise him/her of the need for an extension of time, the Workforce member must review the patient's Accounting Form, or other written document, and the Medical Records to identify:
 - 1. If the patient previously identified a preferred method of communication, and/or
 - 2. If the patient previously requested and the Component agreed to communicate with the patient via alternate means or location. (FIU Policy and Procedure #1660.005) (Confidential Communications)

NOTE: Electronic communications/ means are only available as an option if previously requested by the patient and approved by the Component in which case the procedures set forth for delivery and documentation as outlined in FIU Policy and Procedure #1660.005 (Confidential Communications) shall apply.

- G. The Workforce member must:
 - 1. Document in the patient's Medical Records:
 - a. The date, name, and title of the Workforce member who completed delivery of the 30-Day Extension Letter,
 - b. The method of delivery, and -
 - c. Complete the "For FIU Entities USE ONLY" section of the Accounting Form regarding "Extension" requested.
 - 2. Properly secure a copy of the 30-Day Extension Letter in the patient's Medical Records, and
 - 3. If the delivery is accomplished via previously requested and approved electronic communication/ means, the Workforce member must:
 - a. Print a hardcopy of the electronic communication (i.e., email/facsimile/text message) and properly secure it in the patient's Medical Records, or
 - b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's Medical Records.

IV. Approval of Accounting of Disclosures

- A. If the Workforce member approves and agrees to provide the Accounting of Disclosures, he/she will provide the patient with a written accounting of such disclosures made during the six (6) year period preceding the date of the request, or a lesser time period if specified by the patient, unless there is reasonable cause to deny the request.

NOTE: See Suspension of a patient's Right to an Accounting of Disclosure made to a **Health Oversight Agency** in Section VII below prior to providing an Accounting of Disclosures.

NOTE: See **Law Enforcement** Delays in Section VIII immediately below prior to providing an Accounting of Disclosures.

- B. If a Health Oversight Agency has not requested a suspension of a patient's right to an Accounting of Disclosures and/or a Law Enforcement Officer has not requested a delay to providing a patient an Accounting of Disclosure, the Workforce member will ensure the Accounting of Disclosures includes disclosures made during the period specified by the patient on the Accounting Form, or other written document. The specified period may be up to six (6) years prior to the date of the request. The Workforce member will also include known disclosures made by FIU HIPAA Hybrid Components and Business Associates performing functions on behalf of the Component involving the disclosure of patient PHI, if aware of any such disclosures that are required to be included in an accounting.
- C. The Workforce member will provide the patient with a list of other Components within the FIU HIPAA Hybrid Designation where the patient may have also received health care services, and instructions how to obtain an accounting from those Components.
- D. For each request for an Accounting of Disclosures, the Workforce member will utilize a Disclosure Tracking Log and ensures the Accounting of Disclosures includes:
 - 1. Date the request for disclosure was received;
 - 2. Name of person or entity (Requestor) requesting disclosure,
 - 3. The address of the Requestor, if known;
 - 4. The PHI that was disclosed;
 - 5. Date of the disclosure, and
 - 6. A brief statement of the purpose of the disclosure that reasonably informs the patient of the basis for the disclosure. (See Sample Disclosure Tracking Log attached)

NOTE: If multiple disclosures were made for **health oversight** or to **law enforcement officials** for a single purpose, the Workforce member may provide:

- 1. The first disclosure during the accounting period;
 - 2. The frequency or number of disclosures made during the accounting period; and
 - 3. The date of the last such disclosure during the accounting period.
- E. If, during the period covered by the accounting, the Workforce member /Component made disclosures of PHI for a particular research purpose for 50 or more individuals,

the accounting may, with respect to such disclosures for which the PHI about the patient may have been included, provide:

1. The name of the protocol or other research activity;
 2. A description, in plain language, of the research protocol or other research activity, including the purpose of the research and the criteria for selecting particular records;
 3. A brief description of the type of PHI that was disclosed;
 4. The date or period-of-time during which such disclosures occurred, or may have occurred, including the date of the last such disclosure during the accounting period;
 5. The name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the PHI was disclosed; and
 6. A statement that the PHI of the patient may or may not have been disclosed for a particular protocol or other research activity.
- F. If the Workforce member /Component provides an accounting for research disclosures, in accordance with Section IV.E. immediately above, and if it is reasonably likely that the PHI of the patient as disclosed for such research protocol or activity, the Workforce member shall, at the request of the patient, assist in contacting the individual or entity that sponsored the research and the researcher.
- G. If the patient makes a request for assistance in contacting the individual or entity that sponsored the research and the researcher, the Workforce member must document in the patient's Medical Records:
1. The date of the patient's request,
 2. The specific efforts made to contact the individual or entity that sponsored the research and the researcher, and
 3. The result of those efforts.
- H. The Workforce member will not release to the patient an Accounting of Disclosures until any agreed upon reasonable cost-based fees have been paid in-full.
- I. If the reasonable cost-based fees are paid by check or money order, the patient must make the check or money order payable to the Component.
- J. The Workforce member must document in the patient's Medical Records:
1. The date, title, and name of the Workforce member who received the payment;
 2. The method of payment, and
 3. The amount of payment received.

NOTE: It is preferable, but not required, to make a copy of the check or money-order and properly secure it in the patient's Medical Records.

- K. The preferred method of delivering the Disclosures Tracking Log is in-person; however, the deliver may also be made via the United States Postal Serviced First-Class Mail in an envelope that identifies the name of the Component (i.e. Center for Children and Family).

NOTE: Electronic communications/ means (e.g., email/facsimile/text messages) are only available as an option if previously requested by the patient and approved by the Component in which case the procedures set forth for delivery and documentation as outlined in FIU Policy and Procedure #1660.005 (Confidential Communications) shall apply.

- L. The Workforce member must:
1. Document in the patient's Medical Records:
 - a. The date, name, and title of the Workforce member who completed delivery of the Accounting of Disclosures, and
 - b. The method of delivery.
 2. Properly secure a copy of the Accounting of Disclosures in the patient's Medical Records, and
 3. If the delivery is accomplished via previously requested and approved electronic communication, the Workforce member must:
 - a. Print a hardcopy of the electronic communication/ means (i.e., email/facsimile/text message) and properly secure it in the patient's Medical Records, or
 - b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's Medical Records.
- M. The Workforce member may exclude those disclosures that qualify as an exception. (See below in Section VI below)
- N. The Workforce member must document in the patient's Medical Records and retain for seven (7) years from the date of creation or the last effective date, whichever is later:
1. The information included in the accounting of disclosures, and
 2. A copy of the written accounting of disclosures provided to the patient. (Florida state statute §95.11(4)(b)) (See FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

V. Potential Areas where Accounting of Disclosures Applies:

- A. ALL Disclosures of Information Contained in the Patient's Medical Record to a Third Party, including, but not limited to: (Florida Statute §456.057(11))**
1. **Disclosures to Public Health Authorities**
 - a. For the purpose of preventing or controlling disease, injury or disability;

- b. To conduct public health surveillance;
 - c. For public health investigations and interventions;
 - d. For reporting vital events such as births and deaths;
 - e. To a foreign government agency at the request of a public health authority;
 - f. To report child/elder abuse; and
 - g. If necessary, to prevent or lessen a serious and imminent threat to the health or safety of a patient or the public.
- 2. Disclosures to an Entity Subject to the Food and Drug Administration (FDA)**
- a. To report adverse events, product defects or biological product deviations;
 - b. To track products;
 - c. To enable product recalls, repairs or replacements; and
 - d. To conduct post marketing surveillance.
- 3. Disclosures to an Employer**
- a. Only PHI specific to a work-related illness or injury, and
 - b. Required for the employer to comply with its obligations under federal or state occupational safety and health laws.
- 4. Disclosures to Health Oversight Agencies**
- a. For government benefit program eligibility;
 - b. To determine compliance with civil rights laws; and
 - c. For civil, administrative or criminal investigations, proceedings or actions.
- 5. Disclosures in Judicial and Administrative Proceedings**
- a. In response to a court order or court ordered warrant; and
 - b. In response to a subpoena, only if approved by the Office of General Counsel.
- 6. Disclosures to Law Enforcement Officials**
- a. For the purpose of locating a suspect, fugitive, material witness or missing person;
 - b. About a patient who is or is suspected to be a victim of a crime;
 - c. Regarding crimes on the facility premises;
 - d. Regarding suspicious deaths;
 - e. In response to an administrative request, civil investigative demand or grand jury subpoena, after review by the Office of General Counsel; and
 - f. For the purpose of averting a serious threat to health or safety.
- 7. Disclosures About Victims of Abuse, Neglect or Domestic Violence**
- a. To a government authority authorized by law to receive reports of abuse, neglect or domestic violence.
- 8. Disclosure of Deceased Persons' PHI**
- a. To the Coroner, Medical Examiner or Funeral Directors; and
 - b. To organ procurement organizations.

9. Disclosures for Research

- a. Only if disclosure was made without an authorization as permitted by the Privacy Rule. (See Section III.G. above) (Florida Statute 456.057(7)(a) is controlling) and (FIU Policy and Procedure #1640.040) (De-identification, Re-identification of Protected Health Information, Use of Limited Data Sets, and Data Use Agreements)

10. Disclosures for Specialized Government Functions

- a. To Armed Forces personnel for military purposes;
- b. To authorized federal officials for the protection of the President and other Federal officials; and
- c. To other government agencies, if approved by the Office of General Counsel.

11. Disclosures for Worker's Compensation

- a. As authorized by and to the extent necessary to comply with the law.

VI. Potential Areas where Accounting of Disclosures DOES NOT Apply:

- A. Disclosures necessary to carry out treatment or health care operations.**
- B. Disclosures to the patient for whom the PHI was created or obtained.**
- C. Disclosures pursuant to a signed authorization by the patient or their authorized representative.**
- D. Disclosures to family members or others, such as close friends, involved in the patient's care, or payment for healthcare services received, or other notification purposes.**
- E. Disclosures for the Facility's Directory.**
- F. Disclosures for national security or intelligence purposes.**
- G. Disclosures that are incidental to a use or disclosure otherwise permitted or required, if the minimum necessary rule was followed and appropriate safeguards were in place.**

VII. Suspension of a Patient's Right to an Accounting of Disclosures made to a Health Oversight Agency

- A. The Component Workforce members must temporarily suspend a patient's right to receive an accounting of disclosures made to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal**

investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

1. The health care system;
2. Government benefit programs for which health information is relevant to beneficiary eligibility;
3. Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
4. Entities subject to civil rights laws for which health information is necessary for determining compliance.

NOTE: A health oversight activity **DOES NOT** include an investigation or other activity in which the individual is the subject of the investigation or activity, and such investigation or other activity does not arise out of and is not directly related to:

1. The receipt of health care;
2. Claim for public benefits related to health; or qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.

- B. The Component Workforce members must suspend the patient's right to an accounting of disclosures for the time specified by such agency, if:
1. Such agency or official provides the Component with a written statement that such an accounting to the patient would be reasonably likely to impede the agency's activities; and
 2. Specifying the time for which such a suspension is required.
- C. If the health oversight agency official provides a written statement, the Workforce member must:
1. Verify the identify and authority of the agency official (FIU Policy and Procedure #1660.040) (Verification);
 2. Document in the patient's Medical Records the name and title of the agency official;
 3. The method utilized to verify the identify and authority of the agency official;
 4. Verify that the document is on official letterhead or other legal document (FIU Policy and Procedure #1660.040) (Verification);
 5. Document in the patient's Medical Records the method utilized to verify the official letterhead or other legal document (FIU Policy and Procedure #1660.040) (Verification);
 6. Document in the patient's Medical Records, the period of the temporary suspension of the patient's right to an Accounting of Disclosures subject to the written statement;
 7. Properly secure the written statement in the patient's Medical Records;

8. Notify necessary and appropriate Workforce members of the temporary suspension;
9. Document the notification in the patient's Medical Records:
 - a. The date, names, and titles of the Workforce member(s) who were notified of the temporary suspension, and
 - b. The manner in which they were notified (i.e. in-person, Memorandum, etc.)
10. Properly secure in the patient's Medical Records:
 - a. Any original hardcopy or email notification sent to the Workforce members regarding the suspension (or copy when appropriate).

D. If the Health Oversight Agency official's request is made orally, the Workforce member must:

1. Verify the identify and authority of the agency official (FIU Policy and Procedure #1660.040) (Verification);
2. Document in the patient's Medical Records the identify and title of the agency official,
3. The method utilized to verify the identify and authority of the agency official;
4. Document in the patient's Medical Records the oral statement;
5. Document in the patient's Medical Records, the period of the temporary suspension of the patient's right to an accounting of disclosures subject to the statement;
6. Limit the temporary suspension to no longer than 30 days from the date of the oral statement; unless a written statement is submitted during that time;
7. Notify necessary and appropriate Workforce members of the temporary suspension,
8. Document the notification in the patient's Medical Records:
 - a. The date, names, and titles of the Workforce member(s) who were notified of the temporary suspension, and
 - b. The manner in which they were notified (i.e., in-person, Memorandum, etc.)
9. Properly secure in the patient's Medical Records:
 - a. Any original hardcopy or electronic notification sent to the appropriate and necessary Workforce members regarding the suspension, (or copy when appropriate).

VIII. Suspension of a Patient's Right to an Accounting of Disclosures made to a Law Enforcement Delay

- A. The Component Workforce members must temporarily suspend a patient's right to receive an Accounting of Disclosures made to a law enforcement official for the time specified by such official, if:
 1. Such official provides the covered entity with a written statement that such an accounting to the individual would be reasonably likely to impede the agency's activities, and
 2. Specifying the time for which such a suspension is required.

- B. If the Law Enforcement official provides a written statement, the Workforce member must:
1. Verify the identify and authority of the Law Enforcement Official (FIU Policy and Procedure #1660.040) (Verification);
 2. Document in the patient's Medical Records the name and title of the law enforcement official;
 3. The method utilized to verify the identity and authority of the Law Enforcement Official;
 4. Verify that the document is on official letterhead or other legal document (FIU Policy and Procedure #1660.040) (Verification);
 5. Document in the patient's Medical Records the method utilized to verify the official letterhead or other legal document (FIU Policy and Procedure #1660.040); (Verification)
 6. Document in the patient's Medical Records, the period of the temporary suspension of the patient's right to an Accounting of Disclosures subject to the written statement;
 7. Properly secure the written statement in the patient's Medical Records;
 8. Notify necessary and appropriate Workforce members of the temporary suspension;
 9. Document the notification in the patient's Medical Records:
 - a. The date, names, and titles of the Workforce member(s) who were notified of the temporary suspension, and
 - b. The manner in which they were notified (i.e. in-person, Memorandum, etc.)
 10. Properly secure in the patient's Medical Records:
 - a. Any original hardcopy or electronic notification sent to the appropriate and necessary Workforce members regarding the suspension, (or copy when appropriate).
- C. If the Law Enforcement official's statement is made orally, the Workforce member must:
1. Verify the identify and authority of the Law Enforcement official (FIU Policy and Procedure #1660.040) (Verification);
 2. Document in the patient's Medical Records the name and title of the law enforcement official;
 3. The method utilized to verify the identify and authority of the Law Enforcement official;
 4. Document in the patient's Medical Records the oral statement;
 5. Document in the patient's Medical Records, the period of the temporary suspension of the patient's right to an Accounting of Disclosures subject to the statement;
 6. Limit the temporary suspension to no longer than 30-days from the date of the oral statement; unless a written statement is submitted during that time;

7. Notify necessary and appropriate Workforce members of the temporary suspension;
8. Document in the patient's Medical Records:
 - a. The date, names, and titles of the Workforce member(s) who were notified of the temporary suspension, and
 - b. The manner in which they were notified (i.e. in-person, Memorandum, etc.)
9. Properly secure in the patient's Medical Records:
 - a. Any original hardcopy of electronic notification sent to the Workforce members regarding the suspension, (or copy when appropriate).

NOTE: This exception applies only during the period of law enforcement delay.

NOTE: The Workforce member must use the HIPAA Privacy Action Recording Form to track privacy actions and disclosures of PHI subject to tracking under the HIPAA Privacy Rule.

IX. Record/Documentation Retention

- i. If a communication, action, activity, or designation is required to be documented in writing, the document or record owner (e.g., the Component) will maintain such writings, or an electronic copy, for seven (7) years from the date of its creation or the last effective date, whichever is later. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

X. Forms

- Sample Request for Accounting of Disclosure Form (Accounting Form)
- Sample Cover Letter Requesting Complete or Additional Information Form
- Sample Disclosure Tracking Log (Tracking Form)
- Sample Reports of Disclosures to Third Parties (Disclosures to Third Parties Form)
- Sample 30-Day Extension Letter
- Sample Request for an Accounting of Disclosures of Protected Health Information "Know Your Rights" Document

XI. Answers to Frequently Asked Questions

- Attachment A