

ADDICTION TREATMENT CENTER
ADDRESS
ADDRESS

ACCOUNTING OF INFORMATION RELEASED

FOR PATIENT: _____ ADDRESS: _____

List of Disclosures	Date of request	Response date to request (within 30 days)	Information requested	Staff name and title processing/ receiving information
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Information/disclosures of PHI are to be accounted for a period of no less than 6 years from requested date, except for:

1. to carry out treatment , payment, and health care operations
2. to the individuals themselves
3. that are made for national security or intelligence purposes
4. that are related to certain custodial situations
5. to correctional institutions and law enforcement officials
6. which occurred prior to the compliance date for the ATC.

Accountings			
Number of requests	Date requested	Date informed patient of above disclosures (within 60 days)	Fee
1.			No charge
2.			\$5
3.			\$10

*The first accounting is free of charge, and thereafter a reasonable, cost based fee for each subsequent accounting may be charged, if the individual has been informed in advance and had an opportunity to modify the request to reduce or avoid the fee.

Copy of this form to be placed in the patient record and a copy in a designated binder.