



Patient Request for an Accounting of Disclosures Form

The Health Insurance Portability and Accountability Act (“HIPAA”) gives you the right to receive an accounting of certain disclosures of your health information that were made by Tribal Diagnostics, LLC and its Business Associates for up to six (6) years before the date of your request. Please be advised that the accounting does not include disclosures made for your treatment, billing records related to that treatment, or any purposes for which Tribal Diagnostics used your information pertaining to its operations, such as quality assurance. The accounting also does not include any disclosures made as required by law, such as disclosures related to public health endeavors. You are entitled to one free accounting every 12 months. If you have already requested an accounting within the last 12 months, we will charge you a reasonable, cost-based fee to cover the costs of producing an additional accounting. You will be notified of any fee in advance. You will receive the accounting via certified mail within 60 days of receipt of your request. To request an accounting of disclosures, please complete the form below and send it to: Privacy Officer, 9217 S. Eastern Avenue, Oklahoma City, Oklahoma, 73160.

Patient Name (please print): _____ Date of Birth: _____

Patient Address: _____

Phone Number: _____ Email: _____

I request an accounting of disclosures of my health information that were made during the following time frame: from ___/___/_____ to ___/___/_____.

I understand that I may be charged a reasonable, cost-based fee if I have already received an accounting within the last 12 months, and I agree to pay the fee.

If different than the address above, please send the accounting of disclosures to me at:

Signature: _____ Date: _____

(Patient or person authorized to sign) If the person consenting is not the patient, please print the name and type of authority to sign. Supporting documentation should be provided at the time of submission.

Name/Authority:
