SAN FRANCISCO
HEALTH SERVICE SYSTEM
Affordable, Quality Benefits & Well-Being

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

You have the right to request an accounting of disclosures made by the Health Service System. This is a list of the disclosures we have made of your protected health information.

To request an accounting of disclosures, you must make your request in writing by filling out this form and submitting it to Marina Coleridge, Privacy Officer, The City & County of San Francisco, Health Service System, 1145 Market Street, 3rd Floor, San Francisco, CA 94103. Your request must state a time period which may not be longer than six years but may be shorter. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

If your request relates to disclosures made by one of the Health Service System's Service contracted health plans, we will forward it to the health plan to obtain an accounting of their disclosures of your protected health information.

You have a right to receive an accounting of disclosures made by the Health Service System, within the past six years from the date of your request, except for disclosures that have been made: (1) to carry out payment or health care operations; (2) to you; (3) incident to a use or disclosure permitted or required by law; (4) pursuant to an authorization; and (5) as part of a limited data set.

Requested dates of disclosures:

From this date _____ to this date _____

_____	_____	_____
PRINT YOUR NAME	SOCIAL SECURITY NUMBER	BIRTH DATE
_____	_____	
SIGNATURE	DATE	

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For further information please contact or consult:
Marina Coleridge, Privacy Officer
City & County of San Francisco
Health Service System
1145 Market Street, 3rd Floor
San Francisco, CA 94103

See our Notice of Privacy Practices available online at myhss.org. A printed copy is also available upon request from the Health Service System.

For HSS Use Only:

Date received: _____

Date accounting provided: _____

Comments: _____

_____

_____

_____ _____

Staff Member Signature Date