

**UNIVERSITY OF SOUTHERN CALIFORNIA  
REQUEST FOR ACCOUNTING FORM**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

I request an accounting of how my protected health information was disclosed by the University of Southern California (USC) or a business associate of USC, as required by federal regulations. I understand that USC does not have to tell me about the following types of disclosures:

- Disclosures for purposes of treatment, payment, and healthcare operations
- Disclosures to me or authorized by me
- Disclosures for use in the hospital's directory (if I was admitted as an inpatient)
- Disclosures to persons involved in my care
- For national security or intelligence purposes
- To correctional institutions
- Disclosures made prior to April 14, 2003
- Disclosures incident to a use or disclosure otherwise permitted or required by law

I also understand that my right to an accounting or some or all disclosures may be suspended by the government under limited circumstances.

I want an accounting of disclosures that covers the following time period: \_\_\_\_\_

Please send my accounting to the following address: \_\_\_\_\_

Or, I want to pick up the accounting. Please call me when it is ready.

I understand that USC must give me the accounting of disclosures within 60 days, or tell me that an extra 30 days (or less) is needed to prepare it. I am entitled to a free accounting of disclosures in any 12 month period. Additional accounting will cost \$\_\_\_ each.

\_\_\_\_\_  
Signature of patient or representative      Relationship to patient (if representative)      Date

***Forward to the Health Information Management Office or the Department Clinic Manager at USC***