



REQUEST FOR AN ACCOUNTING OF DISCLOSURES

You have the right to request an accounting of disclosures of protected health information about you that is maintained by the UNC Adams School of Dentistry, facilities, clinics, practices, departments and other sites of service (hereinafter "Carolina Dentistry"). We will review your request and will act upon your request within 60 days of receipt of the request or we will notify you if more time is required (up to 30 extra days) and provides you with a written statement for the reason(s) for the delay and the date by which you can expect to receive the accounting.

PART A: PATIENT INFORMATION

Patient Last Name:	Patient First Name:	Phone#:	Date of Birth:
Address:			
Email Address:	SS# (last 4 digits):	MRN #:	

PART B: REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION (PHI)

You have the right to request Carolina Dentistry provide you an accounting of disclosures of your PHI. To exercise your right to request an accounting, please complete this Section.

I request an accounting for the following time frame: *(Please note: the maximum time frame that can be requested is six years prior to the date of the request, but not before 04/14/2003)*

From: _____ To: _____

If you are only seeking an accounting of a certain type(s) of disclosure or disclosures to a specific person/organization, please describe the disclosures for which you are seeking an accounting:

PART C: PATIENT SIGNATURE OR PERSONAL REPRESENTATIVE

Patient signature or Personal Representative signature	Date
X	

If personal representative: (1) print your name, (2) state the legal authority for your status as patient's personal representative, and (3) attach supporting documentation.

Email: sod-xrays@unc.edu
Phone: (919) 537-3888

Mail: Patient Records
Tarrson Hall CB#7450
Chapel Hill, NC 27599-7450

Fax: (919) 537-3625