



Treatment Foster Care  
and Family-Based Services

2324 University Avenue West #120  
St. Paul, MN 55114-1843  
651-646-3221  
Fax 651-641-0452

## REQUEST FOR AN ACCOUNTING OF DISCLOSURES

### Request:

I request an accounting of disclosures for my protected health information that has been used or disclosed by PATH, Inc. for purposes other than treatment, payment, or health care operations.

I understand that PATH, Inc. has 30 days to respond to this request, and that if someone else holds the information or it is off-site, the response time is 60 days.

### Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Agreement:

I agree to pay any fees for obtaining an accounting of disclosures. Fees will be reasonable and cost-based, and include only the cost of copying, postage, and preparation of a summary (if I agree to a summary).

I understand that this request does not apply to certain health information that includes uses and disclosures for the following: (a) to carry out treatment, payment and health care operations; (b) to me of protected health information about me; (c) to persons involved in my care or other notification purposes; (d) for national security or intelligence purposes; and (e) to correctional institutions or law enforcement custodial situations.

### Signature:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### If signed by the consumer's representative, explain authority to act on behalf of the consumer:

\_\_\_\_\_  
\_\_\_\_\_

### Please mail this completed form to the address listed below:

PATH Inc. Privacy Office, 2324 University Avenue West, Suite 120, St. Paul, MN 55114-1843