

# Response to Request for an Accounting of Disclosures

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

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

Dear: \_\_\_\_\_  
*(patient name)*

We received your request for an accounting of disclosures dated \_\_\_\_\_.

- We need more time to process your request. We will send you an accounting of disclosures by *(date)* \_\_\_\_\_.
- You did not provide all the information we needed on your form. Please complete the form and return it to us.
- You have already received one free accounting of disclosures within the last 12 months. Additional accountings cost \$\_\_\_\_\_. Please send a check for this amount, made payable to [insert hospital name], to [insert address] or bring it to the [insert department name] at [insert hospital name].
- Other

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

Please include the enclosed form with your check [enclose a “Request for Accounting of Disclosures” form].

For more information about your privacy rights, see the “Notice of Privacy Practices” available on our website at [insert web address] or at [insert department name] at [insert hospital name] or by sending a written request to [insert address].

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the hospital, contact [insert the name, title, and phone number of the contact person or office responsible for handling complaints]. All complaints must be submitted in writing.

*You will not be penalized for filing a complaint.*

Sincerely,

Hospital representative

**NOTE:** The Secretary of DHHS published a Notice of Proposed Rule Making to implement the HITECH requirement regarding accounting of disclosures from an EHR [76 Fed. Reg. 31426 (May 31, 2011)]. The proposal also will change the requirements for accounting of disclosures from paper medical records. This form will likely require revisions when the Secretary of DHHS publishes the final rule and it becomes effective. (See *“Accounting of Disclosures From an EHR: New Law Coming.”*)

# Respuesta a la Solicitud de Informe de Divulgaciones

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

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

Estimado/a: \_\_\_\_\_  
(nombre del paciente)

Hemos recibido su solicitud para recibir un informe de divulgaciones con fecha \_\_\_\_\_.

- Necesitamos más tiempo para procesar su solicitud. Le enviaremos un informe de divulgaciones antes del (fecha) \_\_\_\_\_.
- Usted no proporcionó toda la información que necesitamos en su formulario. Favor de completar el formulario y volver a enviarlo.
- Usted ya ha recibido un informe de divulgaciones sin cargo durante los últimos doce meses. Los informes adicionales tienen un costo de \$\_\_\_\_\_. Envíe un cheque por esta cantidad a la orden del [insert hospital name], a [insert address] o llévelo al [insert department name] del [insert hospital name].
- Otras consideraciones

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

Incluya el formulario adjunto con su cheque [enclose a “Request for Accounting of Disclosures” form].

Para obtener más información acerca de sus derechos de confidencialidad, lea “Notice of Privacy Practices” disponible en nuestra sede en la red en [insert web address] o en el [insert department name] del [insert hospital name] o puede enviarnos una solicitud por escrito a [insert address].

Si usted considera que se han transgredido sus derechos de confidencialidad, puede presentar una queja en el hospital o ante el Secretario del Departamento de Salud y Servicios Humanos de los Estados Unidos. Para presentar una queja en el hospital, debe comunicarse con [insert the name, title, and phone number of the contact person or office responsible for handling complaints]. Todas las quejas deben presentarse por escrito.

*No se le aplicarán sanciones por presentar una queja.*

Muy atentamente,

Representante del Hospital

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