

NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT

Accounting of Disclosures Request Form

(For use by CYFD clients requesting an accounting of disclosures.)

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|---|-----|----------------------------------|
| CYFD Client Name (Last, First, Middle): | SSN | Date of Birth (month, day, year) |
| Address | | Telephone Number |

I, _____, am asking for an accounting of disclosures of my
Print name of person making request
 protected health information for the following time period:

From: _____ To: _____
Earliest date permissible is 4/14/2003 Cannot be a future date.

As the Personal Representative for _____,
Please print name(s) of individual(s) who are the subject of the Accounting.

I, _____, am asking for an accounting of disclosures for their
Print name of person making request
 protected health information for the following time period:

From: _____ To: _____
Earliest date permissible is 4/14/2003 Cannot be a future date.

 Signature of Requestor Date Requested

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|--|
| Approved ___ Denied ___ Delayed ___ If delayed, we will act on your request by _____. Comments: _____ _____ _____ CYFD Representative Signature Date _____ |
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(See other side for client rights information)

Your Right to Request an Accounting of Disclosures of Your Protected Health Information:

- You have a right to request an accounting of disclosures of your protected health information made by CYFD.
- As the Personal Representative of an individual, you have a right to request an accounting of disclosures of their protected health information made by CYFD.
- You have a right to have an answer to your request within 60 days. If there are delays in responding to your request, you will be notified in writing and given a revised date for providing the information.
- You may be charged a fee if you previously requested an accounting within the last 12 months.

You have a right to file a privacy complaint:

Individuals can file privacy complaints with either CYFD or with the U.S. Department of Health and Human Services, Office for Civil Rights.

Privacy complaints should be directed to:

NM Children, Youth and Families Department
CYFD Privacy Officer
P.O Drawer 5160
Santa Fe, New Mexico 87502
Phone: 1-505-827-6412

U.S. Department of Health and Human Services, Office for Civil Rights

Medical Privacy, Complaint Division
200 Independence Avenue, SW
HHH Building, Room 509H
Washington, D.C. 20201
Phone: 866-627-7748

This form is available in alternate formats. Contact your local CYFD office or the CYFD Privacy Office at the address or phone number provided above.