



Request for an Accounting of Disclosures

Description: This form allows an individual to request a list of those persons and organizations with whom Travis County has shared the individual's health information.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 gives you the right to request that Travis County provide you with a list of disclosures (accounting) that it has made of your protected health information. The standard accounting will include all of the disclosures that Travis County has made over the past six years, except for those disclosures made:

- for treatment, payment, or health care operations.
- to you, your personal representative, or to other persons involved in your care.

- pursuant to your written authorization.
- incident to uses and disclosures that are permitted or required by HIPAA.
- to correctional institutions or law enforcement officials about inmates or others in custody.
- for national security or intelligence purposes.
- pursuant to a Data Use Agreement.

You may also request a list of disclosures made during a specific timeframe within the past six years.

Part I: Requestor's Identity

Name: _____

Date of Birth: _____

Address: _____
Street City State Zip Code

Telephone number: _____ Email address: _____

If you are requesting an accounting on someone else's behalf, provide the name and address of the person on whose behalf you are filing and describe and provide proof* of your legal relationship with the individual. Recognized legal relationships include: parent of minor child, legal guardian, power of attorney, or executor.

Name: _____

Address: _____
Street City State Zip Code

Relationship to individual: _____

**Travis County will accept documentation such as an executed will, power of attorney, or court order. You must also furnish a valid government issued picture ID.*

Part II: Request

Travis County Component* which maintains your records: _____

** A list of the covered components within Travis County is available from the Privacy Officer or on the Travis County web page <https://www.traviscountytexas.gov/hipaa>.*

Period of time for which you are requesting an accounting of disclosures: _____ to _____

Part III: Important Information about Your Request

