THE UNIVERSITY OF TEXAS AT DALLAS
CALLIER CENTER FOR COMMUNICAITON DISORDERS

REQUEST FOR ACCOUNTING OF DISCLOSURES

UT Dallas Callier Center recognizes an individual's right to request an accounting of certain disclosures made regarding medical information.

Requestor: _____ Daytime Phone _____

Address: _____
(street) (city) (state) (zip)

DOB:_____ Email address:_____

_____

Time period during which the accounting will cover:

Starting Date: _____ Ending Date: _____

Note: The starting date cannot be before more than 6 years prior to the date this form is signed.

Unless otherwise noted on this from, I understand that the accounting will be mailed to me at the address below. I understand that I am entitled to my first accounting in any 12-month period free of charge but that any additional accounting requested may be subject to a cost-based fee. I also understand that if a fee will be imposed, I will be notified of the amount and will have the opportunity to withdraw or modify my request before receiving the accounting and incurring the fee.

Signature: _____ Date: _____

If the request is signed by a Personal Representative of the individual:

Printed name of Personal Representative: _____

Representative's authority to act for the Individual: _____

If signed by a legal representative of the individual, please note that we must verify that you are this individual's legal representative for purposes of filing this Request. Please enclose any documents that support this authority (Power of Attorney, Court Order, etc). As this person's representative, can you be contacted at the address, e-mail or phone number listed above?

If not, please provide your mailing address, e-mail address and/or phone number below:

_____

_____

_____

This form must be addressed to:

HIPAA Privacy Officer
UT Dallas Callier Center
1966 Inwood Road
Dallas, TX 75235

For Callier Center Use Only

Person processing request: _____

Date request received: _____

Deadline to respond: _____

Deadline extended? □ No
□ Yes: Reason: _____
New deadline to respond: _____

Date accounting sent: _____