

**CONFIDENTIAL
PATIENT
INFORMATION: See
California Welfare
and Institutions Code
Section 5328**

San Mateo County Mental Health Services Division



REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Date _____

Name _____ Date of Birth _____

I would like an accounting of how my protected health information was disclosed by San Mateo County Mental Health Services, as required by federal regulations. I understand that Mental Health does not have to tell me about the following types of disclosures:

1. Disclosures for purpose of treatment, payment and health care operations.
2. Disclosures to me or to my personal representative
3. For notification purposes (to notify a family member, personal representative or other person of the individual's location, general condition [with my authorization] or death)
4. For national security or intelligence purposes.
5. To correctional institutions or law enforcement officials.
6. Disclosures made prior to April 14, 2003.

I also understand that my right to an accounting of some or all disclosures may be suspended by the government under limited circumstances.

I want an accounting of disclosures that covers the following time period:

(Note: the time period must be no longer than six years and may not include dates before April 14, 2003.)

I want the accounting of disclosures in the following form:

- On paper
- Electronically
- Please send my accounting to the following address (provide an email address if you requested your accounting electronically): _____
- _____
 I want to pick up the accounting. Please call me at the following phone number when it is ready _____

I understand that mental health must give me the accounting of disclosures within 60 days, or tell me that it needs an extra 30 days (or less) to prepare it.

I am entitled to one free accounting of disclosures in any 12-month period. If I want additional accountings within a one-year period, I will be charged an amount based on the actual cost of providing these. I will be told this amount in advance so I can decide whether to continue with my request.

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.co.sanmateo.ca.us, or ask for it at the Mental Health Clinic where you receive treatment OR send a written request to San Mateo County Mental Health Services, 225 37th Avenue, San Mateo, CA 94403.

If you believe your privacy rights have been violated, you may file a complaint with San Mateo County Mental Health Services or with the Secretary of the Department of Health and Human Services. To file a complaint with Mental Health, contact Mental Health Advocacy Services at 800-686-0101. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Signature of client or legal representative _____
If representative, give relationship _____