

The attached form will allow you to request an accounting of certain types of disclosures Kaiser Permanente has made of your protected health information (PHI).

## Who may request a disclosure accounting:

- Patient or personal representatives

## What it will cost:

- First accounting in any consecutive 12-month period is free.
- Additional requests within the same 12-month period are not free. You will be advised of the amount before an accounting is run (allows you to withdraw or modify your request to avoid or reduce the fee). The base fee, if applicable, is \$15.00 per request, with additional fees for more complicated requests.

## What types of disclosures you will find on your Disclosure Accounting Report:

- **Health oversight by or on behalf of governmental agencies and licensing boards:** audits; civil, administrative, or criminal investigations; licensure or disciplinary actions and other activities necessary for regulatory oversight of our health care system.
- **Public health and safety:** disease control, communicable diseases, disorders characterized by lapses of consciousness, vital events (births, deaths), immunization information, disease registries, workplace medical surveillance, and other reportable conditions (birth defects, gun shot wounds, etc.).
- **Food and Drug Administration:** adverse reactions caused by FDA regulated products and adverse reactions caused by cosmetics.
- **Judicial and administrative proceedings:** court orders and subpoenas.
- **Law enforcement:** warrants; suspicious deaths; domestic violence; child and elder abuse; locating a suspect, witness, or missing person.
- **Research:** researchers from another Kaiser Permanente region and/or external research partners and organizations.
- **Fundraising:** fundraising activities.
- **Anatomical gifts:** organ procurement organizations.
- **Specialized government functions:** military authorities and government agencies.
- **Miscellaneous:** occupational injury/illness reports and other workers' compensation related information.

## What types of disclosures you won't find on your Disclosure Accounting Report:

- **Treatment:** provision, coordination, or management of health care and related services by health care providers.
- **Payment:** obtaining premiums, determining or fulfilling responsibility for coverage and provision of benefits under health care contracts and obtaining or providing reimbursement for the provision of health care.
- **Health care operations:** conducting quality assessment and improvement activities, protocol development, case management and care coordination, reviewing the competence or qualifications of health care professionals, conducting training programs, accreditation, certification, licensing, or credentialing activities.
- **Disclosures made with your authorization:** forms and records sent to third parties at your request and with your written authorization.
- **Other:** disclosures made more than six years ago.
- **Suspensions:** law enforcement has the right to temporarily suspend any reporting which may harm their investigations.

## How long will it take:

- Kaiser Permanente will provide a written response to your request within 60 days following the receipt of your request.
- Some requests may require 90 days. If this is the case, we will provide a written notification of this extension.

## What will it include:

- Date of each disclosure.
- Purpose of disclosure.
- Name and address (if known) of the entity or person who received your PHI.
- Information disclosed.

# Request for Disclosure Accounting Report

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## Instructions:

Please print your information in the space provided below. Incomplete forms will not be processed. One (1) Disclosure Accounting Report will be provided free of charge in a 12 consecutive month period. Subsequent reports within the same 12 month period will be subject to an administrative prepaid charge. Please allow 60 days to process your request.

## Patient information:

Request date (mm/dd/yyyy): \_\_\_\_\_

Patient's name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

MRN: \_\_\_\_\_ Date of birth (mm/dd/yyyy): \_\_\_\_\_ Gender: Male Female

Time period of information requested (mm/dd/yyyy): \_\_\_\_\_ through \_\_\_\_\_  
*Disclosure accounting is limited to the last 6 years.*

Delivery method: Email address: \_\_\_\_\_  
Postal mail (enter mailing address below)

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Daytime phone: \_\_\_\_\_ ext. \_\_\_\_\_

Patient's or patient's legal representative signature: \_\_\_\_\_ HANDWRITTEN SIGNATURE ONLY

Name of patient's legal representative (print): \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

*Kaiser Permanente is not responsible for the re-release of this information by the patient or patient's representative.*

## Send this form to:

**Release of Information Department**  
Kaiser Permanente Northwest  
500 NE Multnomah Street, Suite 100  
Portland, OR 97232-2099  
Phone: 503-571-5051  
Email: [nw.roi@kp.org](mailto:nw.roi@kp.org)