CLIENT INFORMATION

Client Name: _____ DOB: _____

I would like an accounting of how my protected health information was disclosed by Didi Hirsch Mental Health Services as required by federal regulations. I understand that Didi Hirsch is not required by law to inform me of the following types of disclosures:

1. For treatment, payment or health care operations or as part of a limited data set.
2. To me or authorized by me
3. To people or entities involved in my care
4. For notification purposes (to notify a family member, personal representative, or other person of my location, general condition or death)
5. For national security or intelligence purposes
6. To correctional institutions or law enforcement officials
7. Incident to a use or disclosure otherwise permitted by federal law.

Note: There may be a time when specific disclosures cannot be reported to you. This occurs when a health oversight agency or law enforcement official has notified Didi Hirsch that an accounting of disclosures to client must be suspended. The health oversight agency or law enforcement official must provide a statement to Didi Hirsch that such a disclosure would be reasonably likely to impede the activities of the agency or the official and specify a time person for the suspension. Didi Hirsch must limit the temporary suspension to no longer than thirty (30) days, unless the statement indicates otherwise.

I would like an accounting of disclosures for that cover the following time period:

_____
(the period may not extend beyond six (6) years)

I understand that Didi Hirsch is required to provide me with an accounting of disclosures within 60 days or tell me that an additional 30 days (or less) is needed to prepare it.

I understand that I am entitled to one free accounting of disclosures within a 12-month period. Additional accounting within that 12-month period will incur a cost of 10 cents per page plus postage (if applicable).

Please check one of the following:

- Please mail the accounting of disclosures ☐
  Please mail to my address at:
  _____

- Please email the accounting of disclosures to me consistent with my preferences indicated within the electronic communication consent form in my client record ☐
  Please send email to: _____
- I prefer to pick up my accounting of disclosures in person ☐
  When it's ready, please contact me by phone: _____

For more information about your privacy rights, please see the Notice of Privacy Practices available on our website at https://didihirsch.org/ or within each of our facilities. You may also contact the HIPAA Privacy Officer at: (310) 390-6612.

If you believe your privacy rights have been violated, you may file a written complaint with Didi Hirsch or with the Department of Health and Human Services. To file a complaint with Didi Hirsch you may find the grievance form on the agency website and send to the HIPAA Privacy Officer at compliance@didihirsch.org or mail to 4760 S. Sepulveda Boulevard, Culver City, CA 90230. You will not be penalized in any way for filing a complaint.

Today's Date: _____

Signature: _____

Printed Name: _____

Relationship: Choose one: ☐ Client ☐ Parent/Legal Guardian ☐Personal Representative ☐Conservator ☐ Other

Address: _____
(Street Address) (City) (State) (Zip)

Return this completed form for processing to the Didi Hirsch Records Department:
Attention: Custodian of Records
4760 S. Sepulveda Boulevard
Culver City, CA 90230
Or
Email: RoR@didihirsch.org