CHRISTIAN COUNSELING CENTERS OF UTAH

Accounting of Non-Authorized Use or Disclosure Request Form

I, _____, request that Christian Counseling Centers of Utah provide me with an accounting of any and all applicable "non-authorized" uses and disclosures of my protected health information (PHI) between _____ (beginning date) and _____(ending date).

I would like to limit this request for accounting to include disclosures only pertaining to:
_____
_____

I understand that I may be charged for this information if I have previously requested this information within the last 12 months. I have been informed of the approximate cost of $15.00 plus 50 cents per page, and agree to be financially responsible for this charge.

Patient signature: _____
Printed name and date of birth:_____
Date: _____

Date received by Privacy & Security Officer _____ Signature _____

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