



Request list of disclosures

Health Information Management

You have the right to request a list of disclosures of your medical information. You may request one free list every 12 months. To request a list of disclosures, fill out this form and fax or mail it to:

Holmes Regional Medical Center

Attention: Health Information Management, EMPI Team

1350 South Hickory Street, Melbourne, FL 32901

Fax: 321-434-8935

(This office handles requests for disclosures for all areas of Health First, including Cape Canaveral Hospital and Palm Bay Community Hospital.)

Today's date _____ Requestor's name _____

Patient's last name _____ First name _____ MI _____

Patient's address _____

City _____ State _____ Zip _____

Home phone _____ Date of birth _____

Mail list to _____

I would like a list of all disclosures of my protected health information from _____ to _____.
(mm/dd/yyyy) (mm/dd/yyyy)

(Note: Only those disclosures requiring tracking by HIPAA regulations will be included on the list. The maximum time frame that may be requested is 6 years prior to the date of the request. Tracking is not available for disclosures made before April 14, 2003.)

I understand the list of disclosures will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is required.

Signature of patient or legal representative _____ Relationship to patient _____

For Health First use only

Processed by _____

Patient unit number _____ Date request received _____

Extension required ___ No ___ Yes, reason _____

Date patient notified of extension _____ Date list sent to patient _____