Northeast Georgia Health System, Inc.
743 Spring Street | Gainesville, Georgia 30501 | 770-219-9000

HIPAA – Patient Request for An Accounting of Disclosures of Protected Health Information

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have a right to request an accounting of disclosures of health information that pertains to you. NGHS will respond to your request as quickly as possible but by law has 60 days from the receipt of the request to respond.

Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003.

NGHS will conduct the first accounting you request free of charge. If you make an additional request for an accounting during the same 12-month period, there may be a charge involved for the costs of performing the accounting. If there is a cost, you will be informed prior to the review.

To request an accounting of disclosures made by NGHS, complete the form below and submit your request to Northeast Georgia Health System, Inc., Privacy Department, 743 Spring Street, Gainesville, Georgia 30501.

If you have any questions, please contact the Northeast Georgia Health System, Inc., Privacy Director at 1-844-917-1115.

Patient Name – Last, First, Middle:		Signature:
Address – Street, City, State, ZIP	Date of Birth	Date
Time period of accounting requested:		