

Valdosta State University

**REQUEST FOR AN ACCOUNTING OF CERTAIN DISCLOSURES OF
PROTECTED HEALTH INFORMATION FOR NON-TREATMENT, PAYMENT, AND HEALTHCARE
OPERATIONS (TPO) PURPOSES**

- Speech Clinic
- Student Health Services
- Athletic Department
- Human Resources
- Other. Please Specify _____

As a Patient/Employee, you have the right to receive an accounting of certain non-routine disclosures of your identifiable health information made by Valdosta State University for non-TPO purposes. Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be provided free of charge. For additional lists during the same 12-month period, you may be charged for the costs of providing the list; however Valdosta State University will notify you of the cost involved and you may choose to withdraw or modify your request.

To request an accounting of disclosures for non-TPO purposes made by Valdosta State University, you must submit your request in writing to the Privacy Officer at Human Resources, 1500 North Patterson Street, Valdosta, Georgia 31968.

Patient/Employee Name: _____ Date of Birth: _____

Patient/Employee Address:

_____ Street

_____ Apartment #

_____ City, State Zip

Signature of Patient/Employee or Legal Guardian

Date

FOR INTERNAL PURPOSES ONLY:

Date Request Received: _____