

**THE UNIVERSITY OF TEXAS SYSTEM ADMINISTRATION  
HIPAA PRIVACY MANUAL  
Request for Accounting of Disclosures**

System recognizes an individual's right to request an accounting of certain disclosures made of his medical information.

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Name: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Benefits ID #\* \_\_\_\_\_ Email address: \_\_\_\_\_

System Office(s) you believe are holding your records: (Note only the Office of Employee Benefits, Office of General Counsel, Office of Employee Benefits, Office of Systemwide Compliance, Information of Technology and the Audit Office hold medical information subject to HIPAA to which an Individual can request an accounting)

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Time period during which the accounting will cover:

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

*Note: The starting date cannot be before more than 6 years prior to the date this form is signed.*

Unless otherwise noted on this form, I understand that the accounting will be mailed to me at the address below. I understand that I am entitled to my first accounting in any 12-month period free of charge but that any additional accounting requested may be subject to a cost-based fee. I also understand that if a fee will be imposed, I will be notified of the amount and will have the opportunity to withdraw or modify my request before receiving the accounting and incurring the fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the request is signed by a Personal Representative of the individual:

Printed name of Personal Representative: \_\_\_\_\_

Representative's authority to act for the Individual: \_\_\_\_\_

If signed by a legal representative of the individual, please note that we must verify that you are this individual's legal representative for purposes of filing this Request. Please enclose any documents that support this authority (Power of Attorney, Court Order, etc).

\* We only need this if you are requesting information held by the Office of Employee Benefits on behalf of UT SELECT, UT DENTAL SELECT or UT FLEX. You can look up your UT System Benefits ID number at: <https://utdirect.utexas.edu/nlogin/sgwww/SGPNIBID.WBX>

*Please Complete Entire Form*

*NEED HELP? EMAIL [Privacyofficer@utsystem.edu](mailto:Privacyofficer@utsystem.edu)  
Form Request for Accounting*

As this person's representative, can you be contacted at the address, e-mail or phone number listed above? If not, please provide your mailing address, e-mail address and/or phone number below:

This form must be addressed to:

**PRIVACY OFFICER, OFFICE OF SYSTEMWIDE COMPLIANCE  
THE UNIVERSITY OF TEXAS SYSTEM  
201 West 7th, Suite 300  
Austin, Texas 78701**

**For System Use Only**

Person processing request: \_\_\_\_\_

Date request received: \_\_\_\_\_

Deadline to respond: \_\_\_\_\_

Deadline extended?     No  
                                   Yes: Reason: \_\_\_\_\_  
                                  New deadline to respond: \_\_\_\_\_

Date accounting sent: \_\_\_\_\_