

Accounting of Non-Authorized Use or Disclosure Request Form

Version: 05-Jun-2023

The HIPAA Privacy Regulations allow an individual to request an accounting of certain disclosures of his/her Protected Health Information (PHI). Geno.Me, Inc. may disclose your PHI for treatment, payment, health care operations, and as required or permitted by the HIPAA Privacy Regulation or other state or federal laws. Our Privacy Policy informs you that these disclosures may occur without your consent at the time they are made.

You can request an accounting of certain disclosures only about yourself unless you are authorized to obtain information about another individual. Please complete this form to request a disclosure and return it to Geno.Me, Inc., ATTN: Privacy Officer, support@yourgeno.me.

INDIVIDUAL'S INFORMATION		
Name:	Record #	
Birthdate:	Contact Phone Number:	Request Date:
Current Address (No., street, city, state, zip):		
DISCLOSURE REQUESTED		
I request that Geno.Me, Inc. 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 want the accounting of disclosures sent to the following email address: _____		
I understand that I may be charged for this information if I have previously requested this information within the last 12 months. There will be a fee for any additional accountings within the same 12 month period. I will be informed of the cost for such additional accounting in advance and will be provided with the opportunity to withdraw or modify the request in order to reduce or avoid the fee. I understand that Geno.Me, Inc. must give me the accounting of disclosures within 60 days, or must tell me that it needs up to 30 extra days to prepare it.		
I understand that Geno.Me, Inc. is not required to disclose the following:		
<ol style="list-style-type: none">1. Disclosures made as part of a limited data set for purposes of research, public health, or health care operations, as permitted by federal law.2. Disclosures made for purposes of treatment, payment and health care operations.3. Disclosures made to me or disclosures consented to or authorized by me.4. Disclosures made to persons involved in my care.5. Disclosures made for national security or intelligence purposes.6. Disclosures made to correctional institutions or law enforcement officials, under certain circumstances.7. Disclosures made incident to a use or disclosure otherwise permitted or required by law.		
I also understand that my right to an accounting of some or all disclosures may be suspended by the government under limited circumstances.		

ACKNOWLEDGEMENT

Please sign and date:

By: _____ Participant's Name (Print)
_____ Participant's Signature
_____ Date

If you are not the participant, please complete, sign and date below. Check the box that describes your relationship to the participant. Please attach proof of your relationship to the participant (e.g. Power of Attorney, legal guardian)

By: _____ Participant's Name (Print)
_____ Participant's Signature
_____ Date

Legal Guardian Power of Attorney Executor Other _____

Request Determination on Next Page

This Section for Geno.Me Company Use Only

Privacy Officer Action/ Comments (Action must be taken within 60 days of the receipt of the request):

Request has been: Accepted Denied (If denied, please explain)

Comments of the Geno.Me Preparer:

Disclosure Request has been reviewed by the following Executive Team Member:

_____ **Date** _____ **Name Printed**

_____ **Signature**

Notification was sent to the User on: _____ **Date**
(Month/Day/Year)

Team Member who sent Copy _____ **(Name)**