

South Dakota Department of Human Services

Accounting of Disclosures Request Form

(For use by **DHS** clients/patients requesting an accounting of disclosure of their health information)

Name:	Case Number:
Division/Facility:	Date of Birth:
Location of Record:	Date of Request:

If you are asking for a list of disclosures of your protected health information (PHI) made by the Department of Human Services (DHS), please consider the following:

- DHS will not list disclosures made more than six years before your request.
- DHS will not list disclosures made before April 14, 2003.
- DHS will not list disclosures that you authorized.
- DHS will not list disclosures related to Treatment, Payment, or Health Care Operations.
- DHS will not list disclosures to family members, or others that you have identified as being involved in your care.

I am asking for a list of disclosures for the following period of time: (Be specific)

From: _____ **To:** _____

Signature - Client/Patient: _____ Date signed: _____

Signature – Personal/Legal Representative of Client/Patient: _____
(if applicable)

Relationship to Client/Patient: _____ Date signed: _____

(See your privacy rights attached)

South Dakota Department of Human Services

Name:	Case Number:
Approved: <input type="checkbox"/>	
Temporary Suspension <input type="checkbox"/>	
Delayed: <input type="checkbox"/>	
If delayed, we will act on your request by:	
Comments: (attach additional sheet if needed)	
DHS Staff Signature:	Date:

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Your Right to an Accounting of Disclosures:

- You have a right to request an accounting of disclosures of your PHI made by DHS.
- You have a right to have an answer to your request within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- Your request and the answer will be kept in your record.
- You may be charged a fee for copying and postage costs for any additional accountings requested in a 12 month period.

You have a right to file a privacy complaint:

Individuals can file privacy complaints with either DHS or with the Region VIII Office of Civil Rights, U.S. Department of Health and Human Services.

Privacy complaints may be directed to any of the following:

For services provided by one of the following divisions: Alcohol and Drug Abuse, Developmental Disabilities, Mental Health, Rehabilitation Services, or Service to the Blind and Visually Impaired, contact:

Department of Human Services
HIPAA Privacy Office
Hillsview Plaza, East Hwy. 34
c/o 500 E. Capitol
Pierre, South Dakota 57501-5070
Phone: (800) 265-9684;
TTY: (605) 773-5990;
Fax: (605) 773-5483; or
Email: infodhs@state.sd.us

For Services provided by the Human Services Center, contact:

Human Services Center
ATTN: HIPAA Privacy Contact
PO Box 7600
Yankton, SD 57078-7600
Phone: (605) 668-3100;
TTY: (605) 668-3158;
Fax: (605) 668-3460; or
Email: infohsc@state.sd.us

For services provided by the South Dakota Developmental Center, contact:

South Dakota Developmental Center
ATTN: HIPAA Privacy Contact
17267 3rd St. W
Redfield, SD 57469-1001
Phone: (605) 472-2400;
Fax: (605) 472-4216; or
Email: infosdde@dhs-rf.state.sd.us

* Or *

**Region VIII Office of Civil Rights,
U.S. Department of Health and
Human Services**

1961 Stout Street – Room 1185 FOB
Denver, CO 80294 – 3538
Voice Phone: (303) 844-2024
Fax: (303) 844-2025
TDD (303) 844-3439

**This form is available in alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).
Contact DHS at: Phone (605) 773-5990 or Fax (605) 773-5483**