



Request for Accounting of Disclosures

Date of Request: _____

Patient/Individual

First Name	Middle Initial	Last Name	Date of Birth
Phone Number (with area code)		Email Address (optional)	

Requestor (if different from Patient/Individual)

Written permission/documentation must be on file for a party to make a request on the patient's behalf.

First Name	Last Name	Relationship to Patient
Phone Number	Email Address (optional)	

Disclosure Time Period

I am requesting a list of disclosures made relating to my health information for the following time period:

Start date: _____ End date: _____

Review and Sign

This request will be reviewed and may or may not be granted. You will receive a response within 60 days after Colorado Physician Partners receives your request.

I am requesting Colorado Physician Partners provide a list of disclosures relating to my protected health information. I understand that:

- The list is free one time in any 12-month period. A fee may be charged for additional lists in the same 12-month period.
- The following disclosures will not be included:
 - Disclosures made more than six years before this request
 - Disclosures relating to treatment, payment or health care operations will be listed
 - Disclosures that have been authorized to the patient
 - Disclosures to the patient or personal representative
 - Disclosures for national security or intelligence purposes
 - Disclosures made to law enforcement officials or correctional facilities for purposes related to inmates or individuals in lawful custody
 - Disclosures made incident to otherwise permitted or required uses or disclosures

I acknowledge that I have read all of the above information.

Signature of Individual or Individual's Legally Authorized Representative

Date

X _____

Please send this completed form by mail or email to:

Attn: Privacy Officer Privacy@Alpine-Physicians.com
 Physician Health Partners
 PO Box 13406
 Denver, CO 80202-9998



Notice of availability of services and aids - Colorado

1. English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1- 855-295-1434 (TTY: 711) or speak to your provider.

2. Spanish | Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1 - 855-295-1434 (TTY: 711) o hable con su proveedor.

3. Vietnamese | Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1 - 855-295-1434 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

4. Chinese | 中文

注意：如果您讲中文，我们可以免费为您提供语言协助服务。我们还免费提供相应的辅助工具和服务，以无障碍的格式提供信息。请致电 1-855-295-1434 (TxT: 711) 或咨询您的服务提供商。

5. Korean | 한국어

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 또한, 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 1-855-295-1434(TTY: 711)번으로 전화하시거나 서비스 제공업체에 문의하십시오.

6. Russian | РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1 - 855-295-1434 (TTY: 711) или обратитесь к своему поставщику услуг.

7. Amharic | አማርኛ

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1 - 855-295-1434 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

8. Arabic | عربي

تامدخو ؤدع اسم لئاسو رفوتت امك. ؤين اجم ؤيوع ل ؤدع اسم تامدخ رفوتت ، ؤيبرعلا ثدحتت تنك اذا : هي بنت عم ثدحتت وأ (TTY: 711) 1-855-295-1434 مقررلا ىلع لصتا فلا ؤلهس غي صرب تامول عمل مئدقتل أن اجم ؤبس انم تامدخلا مئدم دح

10. French | Français

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1- 855-295-1434 (TTY : 711) ou parlez à votre fournisseur.

11. Nepali | नेपाली

सावधान: यदतिपाई नेपाली भाषा बोलनुहुन्छ भने तपाईंका लागि निःशुल्क भाषिकि सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पननिशुल्क उपलब्ध छन्। 1- 855-295-1434 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

12. Tagalog | Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1- 855-295-1434 (TTY: 711) o makipag-usap sa iyong provider.

13. Japanese | 日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1- 855-295-1434（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

14. Cushite (Oromo) | Kushi

HUBACHIISA: Tajaajilli gargaarsa afaanii bilisaa yoo afaan Kushi dubbattan ni argama. Gargaarsi gargaaraa fi tajaajilli barbaachisaan odeeffannoo bifa dhaqqabamaa ta'een kennus kaffaltii malee ni argama. 1- 855-295-1434 (TTY: 711) bilibili ykn dhiyeessaa kee waliin haasa'i.

15. Persian | فارسي

وجه: اگر به زبان فارسی

صحبت می کنید، خدمات کمک زبانی رایگان در دسترس است. کمک ها و خدمات مناسب نیز به صورت رایگان برای ارائه اطلاعات تماس بگیرید یا با یک ارائه دهنده (TTY: 711) 1-855-295-1434 در قالب های قابل دسترس در دسترس هستند. با شماره خدمات صحبت کنید