



ADM-111  
Rev. 3/17

**REQUEST FOR REPORT OF  
DISCLOSURES OF MEDICAL INFORMATION**

Page 1 of 1

LAST NAME

FIRST NAME

MR#

DOB

PLACE PATIENT LABEL HERE OR COMPLETE ABOVE

DO NOT HANDWRITE PATIENT INFORMATION HERE

I am requesting a report of disclosures of medical information as follows:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please print)

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

Contact Telephone Number: \_\_\_\_\_

Please list the time period for which you would like the report. The time period may not go back further than six years from the date of this request: \_\_\_\_\_

You will receive a response in writing within sixty (60) days of our receipt of this request. If Children's Hospital of Philadelphia is unable to provide you with a report within sixty (60) days, you will receive a statement informing you when an accounting will be provided which will be no later than ninety (90) days from the date your request was received.

**Please note:** Information regarding disclosures of your medical information made with your authorization or made for purposes of treatment, payment, or health care operations will not be included in this accounting. In addition, Children's Hospital of Philadelphia may temporarily exclude information about disclosures made to a law enforcement or health oversight agency, if those agencies request that such information not be disclosed because it is reasonably likely to impede the agencies' activities.

Signature

Printed Name

Date

Time

Relationship to patient:  Patient  Parent  Legal Guardian  Other: \_\_\_\_\_

**Please print and return form to:  
Children's Hospital of Philadelphia  
Health Information Management Department  
Wanamaker Building Suite 801 South  
3401 Civic Center Blvd.  
Philadelphia, PA 19104**

**(TO BE COMPLETED BY CHILDREN'S HOSPITAL STAFF)**

Patient MR#: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Report Provided: \_\_\_\_\_



# Our Commitment to Diverse Populations

The Children's Hospital of Philadelphia complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Children's Hospital of Philadelphia does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Children's Hospital of Philadelphia:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Provides free language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, contact 1-800-879-2467.

If you believe that Children's Hospital of Philadelphia has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The Family Relations Office, 3401 Civic Center Blvd, Philadelphia, PA 19104, Phone: 267-426-6983, Fax: 267-426-7412, Email: [familyrelations@email.chop.edu](mailto:familyrelations@email.chop.edu)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Family Relations is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue

SW Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

October 2016



**Children's Hospital  
of Philadelphia**<sup>SM</sup>

# CHOP is Committed to Language Accessibility

If you speak another language, assistance services, free of charge, are available to you.

**Español-Spanish ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-879-2467.

**繁體中文-Chinese 注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-879-2467。

**العربية-Arabic ملحوظة:** إذا كنت تتحدث اللغة العربية فإن خدمات المساعدة اللغوية تتوفر لك بالمجان- اتصل بالرقم 1-800-879-2467.

**Tiếng Việt-Vietnamese CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-879-2467.

**Français-French ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-879-2467.

**Português-Portuguese ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-879-2467.

**नेपाली-Nepali ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-879-2467 ।

**ខ្មែរ-Cambodian ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-879-2467។

**বাংলা-Bengali লক্ষ্য করুনঃ** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৮৭৯-২৪৬৭।

**Русский-Russian ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-879-2467.

**한국어-Korean 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-879-2467 번으로 전화해 주십시오.

**Bahasa Indonesia-Indonesian PERHATIAN:** Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-800-879-2467.

**اردو-Urdu خبردار:** اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-879-2467۔

**Türkçe-Turkish DİKKAT:** Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-879-2467 irtibat numaralarını arayın.

**Polski-Polish UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-879-2467.

**Italiano-Italian ATTEZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-879-2467.

**हिंदी-Hindi ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-879-2467 पर कॉल करें।

**ગુજરાતી-Gujarati સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-879-2467.

**Tagalog-Tagalog-Filipino PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-879-2467.

**日本語-Japanese 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-879-2467 まで、お電話にてご連絡ください。

**Deutsch-German ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-879-2467.

**Deitsch-Pennsylvania Dutch** Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-800-879-2467.