

CRISP – Accounting of Disclosure Request Form

CRISP offers patients the opportunity to request an accounting of disclosure for their medical records contained within the CRISP database. This request, which can be made once a year free of charge, will inform you which healthcare providers, if any, have accessed your medical records through CRISP services.

Upon receipt of your request, CRISP will begin to process your accounting of disclosure. The results will be mailed to you within 6-8 weeks.

Instructions: In order to submit your request, please first print and complete this form. You must also include a scanned copy of a government-issued photo ID (e.g., driver's license, passport, or identification card).

This completed form and the copy of your photo ID should then be sent to CRISP either in the mail or through fax:

- 1) By mail to:
CRISP
Attn: Brandon Neiswender
Privacy and Security Officer
7160 Columbia Gateway Drive, Suite 230
Columbia, MD 21046

- 2) By fax to 443-817-9587

Please Complete This Entire Section:

First Name: _____

Last Name: _____

Street Address: _____

City, State, Zip: _____

Date of Birth (mm/dd/yyyy): _____

I am formally requesting an accounting of disclosure for my medical records contained within the CRISP Health Information Exchange. I certify that the above information is true and correct.

X _____

(Signature)

(Date)