

## 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 twice 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 sent to you within 4 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, e-mail or through fax:

1) By mail:

To: CRISP

Attn: Brandon Neiswender

Privacy and Security Officer

7160 Columbia Gateway Drive, Suite 100

Columbia, MD 21046

2) By E-mail:

To: [disclosures@crisphealth.org](mailto:disclosures@crisphealth.org);

3) By fax:

Attn: Bezawit Sumner (Accounting of Disclosures Request)

To: 410-450-4882

**Please Complete All Fields in the Section Below:**

*First Name:* \_\_\_\_\_

*Last Name:* \_\_\_\_\_

*Street Address:* \_\_\_\_\_

*City, State, Zip:* \_\_\_\_\_

*Date of Birth (mm/dd/yyyy):* \_\_\_\_\_

*If you would like to receive the results of this request via email, please provide your email address: E-mail address:* \_\_\_\_\_

X \_\_\_\_\_  
Signature of Patient or Legal Representative

X \_\_\_\_\_  
Date