



Request for an Accounting of Disclosures of Protected Health Information

Date Of Request: _____

Participant Name: _____

Participant Address: _____

Agreement Number: _____ Date of Birth: _____

Address To Send Disclosure Accounting (If Different From Above):

I would like an accounting of all disclosures for the following time frame:

Please note: the maximum time frame that can be requested is six years prior to the date of request, but not before April 14, 2003.

From: _____ To: _____

Fees: First request in a 12-month period is free. Subsequent Requests: \$ _____

The fee for this request will be: \$ _____

I understand that there is a fee for this accounting and wish to proceed. I also understand that the accounting will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

Signature of Participant or Legal Representative

Date

For Inter-County Use Only:

Date Received: _____ Date Sent: _____

Extension Requested: No Yes, Reason _____

Participant notified in writing on this date: _____

Identity of participant and/or legal representative obtained/filed Yes No

Associate processing request: _____