

## Accounting of Disclosures of Health Information Request

Patient name	Request date
Street address	Birthdate
City/state/ZIP	MHN

I would like an accounting (list) of disclosures of my health information made by Marshfield Clinic for the following dates (not to exceed 6 years):

- From April 14, 2003 to the present  
 From April 14, 2003 to \_\_\_\_\_ (insert date)

I would like this accounting to be mailed to me at the following address:

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I understand that the accounting of disclosures I have requested will **not** include the following types of disclosures:

- Disclosures to carry out my treatment, payment and health care operations activities
- Disclosures to me or my legal representative
- Disclosures for which I signed a written authorization
- Disclosures to persons involved in my care or other notification purposes
- Disclosures for national security or intelligence purposes
- Disclosures to correctional institutions or law enforcement officials having lawful custody of me
- Disclosures made as part of a limited data set for public health, research or health care operations activities
- Disclosures that occurred prior to April 14, 2003

I further understand that Marshfield Clinic will provide me with the first accounting of disclosures in any twelve (12) month period without charge but Marshfield Clinic may impose a reasonable fee for each subsequent request I make for an accounting of disclosures within the same twelve (12) month period.

Signature of patient or patient's legal representative	Relationship	Date	Phone no.
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<b>FOR MARSHFIELD CLINIC INTERNAL USE ONLY</b>	Date received _____
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
If suspended, check reason for suspension: <input type="checkbox"/> Temporary suspension of right to accounting based on written or oral statement from a health oversight agency or law enforcement official	
Comments: <input type="checkbox"/> Individual was informed of denial in writing (attach letter of communication)	
Signature/title of staff member	Date