

Patient Name	requesting an accounting (list following time period.  ase note: the maximum times to Date:  derstand that the accounting of Disclosures to carry out my to Disclosures for which I signed Disclosures to person involved Disclosures to national secure Disclosures to correctional in Disclosures made as part of Disclosures made as part of Disclosures in a 12-month Subsequent Requests with	City Email to me by: City  City  Mail  City  t) of disclosures of my health frame that can be requested is End Date: of disclosures I have requeste reatment, payment or health of legal representative and a written authorization and in my care or other notificative rity or intelligence purposes stitutions or law enforcement a limited data set for public health	ation purposes t officials having lawful custody	send to address below Zip  Id Clinic Health System for equest)  types of			
Patient NameAddressPhone #Send Accounti EmailAddressI am the grade RequestedI understand that the grade state is a send of the grade state is a sen	requesting an accounting (list following time period.  ase note: the maximum times to Date:  derstand that the accounting of Disclosures to carry out my to Disclosures for which I signed Disclosures to person involved Disclosures to national secure Disclosures to correctional in Disclosures made as part of Disclosures made as part of Disclosures in a 12-month Subsequent Requests with	City Email to me by:  City  The ordinary of disclosures of my health of disclosures of my health of disclosures I have requested in the realth of disclosures I have requested reatment, payment or health of disclosures at written authorization and in my care or other notificative or intelligence purposes institutions or law enforcement a limited data set for public health.	send to address above State State  In information made by Marshfield is 6 years prior to the date of reserved will not include the following care operations activities  State  S	send to address below Zip  Id Clinic Health System for equest)  types of			
Patient NameAddressPhone #Send Accounti EmailAddressI am the(Ple StarI understand that till	requesting an accounting (list following time period.  ase note: the maximum times to Date:  derstand that the accounting of Disclosures to carry out my to Disclosures for which I signed Disclosures to person involved Disclosures to national secure Disclosures to correctional in Disclosures made as part of Disclosures made as part of Disclosures in a 12-month Subsequent Requests with	City Email to me by:  City  The ordinary of disclosures of my health of disclosures of my health of disclosures I have requested in the realth of disclosures I have requested reatment, payment or health of disclosures at written authorization and in my care or other notificative or intelligence purposes institutions or law enforcement a limited data set for public health.	send to address above State State  In information made by Marshfield is 6 years prior to the date of reserved will not include the following care operations activities  State  S	send to address below Zip  Id Clinic Health System for equest)  types of			
Address Phone #  Send Accounti     Email Address  Dates Requested     I am the (Ple Star I understand that the the second text)	requesting an accounting (list following time period.  ase note: the maximum times to Date:  derstand that the accounting of Disclosures to carry out my to Disclosures for which I signed Disclosures to person involved Disclosures to national secure Disclosures to correctional in Disclosures made as part of Disclosures made as part of Disclosures in a 12-month Subsequent Requests with	City  Email  to me by:  City  Mail  City  t) of disclosures of my health  Frame that can be requested is  End Date:  of disclosures I have requested  reatment, payment or health of the legal representative and a written authorization and in my care or other notificative or intelligence purposes  institutions or law enforcement a limited data set for public health	send to address above State State  In information made by Marshfield is 6 years prior to the date of reserved will not include the following care operations activities  State  S	send to address below Zip  Id Clinic Health System for equest)  types of			
Send Accounti     Email	requesting an accounting (list following time period.  ase note: the maximum times to Date:  derstand that the accounting of Disclosures to carry out my to Disclosures for which I signed Disclosures to person involved Disclosures to national secure Disclosures to correctional in Disclosures made as part of Disclosures made as part of Disclosures in a 12-month Subsequent Requests with	to me by:  City  Mail   City  t) of disclosures of my health frame that can be requested is End Date:  End Date:  of disclosures I have requeste reatment, payment or health of legal representative and a written authorization arity or intelligence purposes institutions or law enforcement a limited data set for public health of the control of the cont	send to address above State State In information made by Marshfields 6 years prior to the date of receded will not include the following care operations activities  ation purposes  t officials having lawful custody	send to address below  Zip  Id Clinic Health System for equest)  types of			
Address  Dates Requested (Ple Stan I un " Fees  understand that ti	requesting an accounting (list following time period.  ase note: the maximum times to Date:  derstand that the accounting of Disclosures to carry out my to Disclosures for which I signed Disclosures to person involved Disclosures to national secure Disclosures to correctional in Disclosures made as part of Disclosures made as part of Disclosures in a 12-month Subsequent Requests with	City  The disclosures of my health frame that can be requested in the End Date:  In disclosures I have requested in the reatment, payment or health of the legal representative and a written authorization and in my care or other notificative or intelligence purposes institutions or law enforcement a limited data set for public health.	State	Zip  Id Clinic Health System for equest)  types of			
Pates Requested   I am the the (Ple Start I understand that the start I understand th	requesting an accounting (list following time period.  ase note: the maximum times to Date:  derstand that the accounting of Disclosures to carry out my to Disclosures to myself or my to Disclosures for which I signed Disclosures to person involved Disclosures to national secure Disclosures to correctional in Disclosures made as part of the First request in a 12-month of Subsequent Requests with	City t) of disclosures of my health frame that can be requested is End Date: of disclosures I have requested reatment, payment or health of legal representative d a written authorization ed in my care or other notificative rity or intelligence purposes astitutions or law enforcement a limited data set for public h	State	Zip  Id Clinic Health System for equest)  types of			
Dates Requested (Ple Star I un " Fees	derstand that the accounting of Disclosures to myself or my Disclosures to myself or my Disclosures to person involved Disclosures to national secure Disclosures to correctional in Disclosures made as part of Disclosures made as part of Disclosures in a 12-month Subsequent Requests with	t) of disclosures of my health frame that can be requested is End Date:  of disclosures I have requested reatment, payment or health of legal representative and a written authorization and in my care or other notificative or intelligence purposes a stitutions or law enforcement a limited data set for public health.	information made by Marshfields 6 years prior to the date of reserved will not include the following care operations activities ation purposes	Id Clinic Health System for equest) types of			
Requested the (Ple Star I understand that the star I understand the star I unde	derstand that the accounting of Disclosures to myself or my Disclosures to myself or my Disclosures to person involved Disclosures to national secure Disclosures to correctional in Disclosures made as part of Disclosures made as part of Disclosures in a 12-month Subsequent Requests with	End Date:  End Date:  If disclosures I have requested in reatment, payment or health of legal representative and a written authorization and in my care or other notificative or intelligence purposes astitutions or law enforcement a limited data set for public health.	s 6 years prior to the date of red will <b>not</b> include the following care operations activities ation purposes	equest)  types of			
Fees	Disclosures to carry out my to Disclosures to myself or my Disclosures for which I signed Disclosures to person involved Disclosures to national secure Disclosures to correctional in Disclosures made as part of Disclosures in a 12-month Subsequent Requests with	reatment, payment or health of legal representative ed a written authorization ed in my care or other notifica- rity or intelligence purposes astitutions or law enforcement a limited data set for public h	care operations activities  ation purposes t officials having lawful custody	v of me			
Fees understand that the	Disclosures for which I signed Disclosures to person involved Disclosures to national security Disclosures to correctional in Disclosures made as part of Prirst request in a 12-month Subsequent Requests with	ed a written authorization ed in my care or other notifica rity or intelligence purposes astitutions or law enforcement a limited data set for public h	t officials having lawful custody				
Fees I understand that the	Disclosures to person involved Disclosures to national secured Disclosures to correctional in Disclosures made as part of Prist request in a 12-month Subsequent Requests with	ed in my care or other notifica rity or intelligence purposes astitutions or law enforcement a limited data set for public h	t officials having lawful custody				
Fees I understand that the	Disclosures to national secu Disclosures to correctional in Disclosures made as part of First request in a 12-month Subsequent Requests with	rity or intelligence purposes estitutions or law enforcement a limited data set for public h	t officials having lawful custody				
Fees I understand that ti	Disclosures to correctional in Disclosures made as part of First request in a 12-month Subsequent Requests with	nstitutions or law enforcement a limited data set for public h	•				
Fees I understand that the	Disclosures made as part of First request in a 12-month Subsequent Requests with	a limited data set for public h	•				
Fees I understand that the	First request in a 12-month Subsequent Requests with		nealth research or nealth care (	<ul> <li>Disclosures to correctional institutions or law enforcement officials having lawful custody of me</li> <li>Disclosures made as part of a limited data set for public health, research or health care operations activities</li> </ul>			
I understand that the	Subsequent Requests with	period = Free		operations activities			
Patient signature		 Date/Time	 Printed name				
Signature of Author ☑ Parent of minor		 Date/Time n/conservator - include legal doc	Printed name cumentation				
	ICHS, 1000 North Oak Avenu		Fax Copies to: 715-389-056	4			
	TTN: Health Information Man	•	Email Copies to: himroiadm	restrevreq@marshfieldclinic.			
or Marshfield Clini	Health System Internal Use	Only Date Received by HIM	Л: Dat	e Sent:			
Extension Requ	ested: 🔲 Yes 🖫 No Reason	າ					
Status: 🔲 Accepte		rily suspended of right to accour ersight agency or law enforcer	nting disclosure on written or oral ment official	statement from a health			
Individua	al informed of denial in writing (at	ach letter of communication)					
Staff member signa	turo	Date/Time	Printed name and Title				