

| Patient Name   | :  |  | MRN:   | DOB:   | Sex:   |
|--|--|--|--|--|--|
| Accounting   | Disclosures Re   | quest Form   |  |  | Page 1 of  |
| Date of Re   | quest:   |  |  |  |  |
| Patient Name   |  |  |  | Date of Birth  |  |
| Address  |  | City   |  | State  | Zip  |
| Phone #  |  | Ema  | ail  |  |  |
|  | •  | re Report to me by:  |  |  |  |
| Email _  |  |  | Mail → sei   | nd to address above sen  |  |
| Address  | •  | City   |  | State  | Zip  |
| Dates<br>Requested   | the following time pe<br>(Please note: the management of the management)   | riod.<br>aximum timeframe that ca  | n be requested is 6 End Date:  | years prior to the date of reque   | est)   |
|  | I understand that the accounting of disclosures I have requested will <b>not</b> include the following types of   Disclosures to carry out my treatment, payment or health care operations activities  |  |  |  |  |
|  | Disclosures to myself or my legal representative   |  |  |  |  |
|  | Disclosures to myself or my legal representative     Disclosures for which I signed a written authorization  |  |  |  |  |
|  | Disclosures to person involved in my care or other notification purposes   |  |  |  |  |
|  | Disclosures to national security or intelligence purposes  |  |  |  |  |
|  | Disclosures to national security of 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  |  |  |  |  |
|  |  |  | a set for nublic heal  |  |  |
|  | • First request in • Subsequent Retails there may be a fe  | n a 12-month period = Fr<br>equests within the same  | ree<br>12-month period =<br>closure and I wish t   | a reasonable fee may be imposo proceed. I also understand the  | osed for each request  |
| I understand t   | • First request in  • Subsequent Rothert there may be a fere within 60 days unless   | n a 12-month period = Frequests within the same er for the accounting of discs I am notified that an extension   | ree<br>12-month period =<br>closure and I wish t   | a reasonable fee may be imposo proceed. I also understand the  | osed for each request  |
| I understand to provided to me   | • First request in • Subsequent Research there may be a fee within 60 days unless  ure  uthorized Person inor Court appointments   | n a 12-month period = Frequests within the same e for the accounting of discs I am notified that an exi  Date/   | Time  Tee  12-month period = closure and I wish to tension of up to 30 decired and the control of the control o | Printed name   | osed for each request  |
| I understand to provided to me   | • First request in • Subsequent Research there may be a fee within 60 days unless  ure  uthorized Person inor Court apport   | n a 12-month period = Frequests within the same e for the accounting of discs I am notified that an exi  Date/ inted guardian/conservator h Oak Avenue, Marshfield   | Time   | Printed name entation  Printed name  Printed name  Printed name  | osed for each request<br>nat the accounting will be  |
| I understand to provided to me Patient signature of Al Parent of mi  | • First request in • Subsequent Research that there may be a fee within 60 days unless  ure  uthorized Person inor Court apport ATTN: Health Info  | Date/ inted guardian/conservator h Oak Avenue, Marshfield brand 12-month period = Frequests within the same  Frequests within the same  Frequests within the same  Date/  | Time  /Time - include legal docum  | Printed name entation  Printed name entation  Ax Copies to: 715-389-0564 mail Copies to: himroiadmrest                         | osed for each request nat the accounting will be   |
| I understand to provided to me Patient signature of Al Parent of mi  | • First request in • Subsequent Research there may be a fee within 60 days unless  ure  uthorized Person inor Court apport   | Date/ inted guardian/conservator h Oak Avenue, Marshfield brand 12-month period = Frequests within the same  Frequests within the same  Frequests within the same  Date/  | Time  /Time - include legal docum  | Printed name entation  Printed name entation  Ax Copies to: 715-389-0564 mail Copies to: himroiadmrest                         | osed for each request<br>nat the accounting will be  |
| I understand to provided to me Patient signature of Al Parent of mi Mail Copies to   | • First request in • Subsequent Research that there may be a fee within 60 days unless  ure  uthorized Person inor Court apport  o: MCHS, 1000 Nort  ATTN: Health Info   | Date/ inted guardian/conservator h Oak Avenue, Marshfield brand 12-month period = Frequests within the same  Frequests within the same  Frequests within the same  Date/  | Time  /Time - include legal docum  | Printed name entation  Printed name entation  Ax Copies to: 715-389-0564 mail Copies to: himroiadmrest                         | osed for each request nat the accounting will be   |
| understand to provided to more designature of All Parent of minimum Mail Copies to or Marshfield Extension Restatus: Acceptance of All Parent of Marshfield Extension Restatus: Acceptance of Marshfield  | • First request in • Subsequent Research there may be a fere within 60 days unless that there may be a fere within 60 days unless that there may be a fere within 60 days unless that there may be a fere within 60 days unless that there within 60 days unless that the first that there within 60 days unless that the first that there within 60 days unless that the first that the firs | Date/ Date/ Internal Use Only No Reason Temporarily suspender care oversight agence.   | Time  Time  I, WI 54449  Received by HIM:  d of right to accounting y or law enforcements.   | Printed name entation  ax Copies to: 715-389-0564 mail Copies to: himroiadmrest  Date S  g disclosure on written or oral state | psed for each request nat the accounting will be ac |
| I understand to provided to me Patient signature of Al Parent of mi Mail Copies to For Marshfield Extension R Status: According to the Patient Status: According to t | • First request in • Subsequent Research there may be a fere within 60 days unless that there may be a fere within 60 days unless that there may be a fere within 60 days unless that there may be a fere within 60 days unless that there within 60 days unless that the first that there within 60 days unless that the first that there within 60 days unless that the first that the firs | Date/ Date/ Internal Use Only No Reason Tequests within the same  Frequests within the same  Frequests within the same  Frequests within the same  Date/  Da | Time  Time  I, WI 54449  Received by HIM:  d of right to accounting y or law enforcements.   | Printed name entation  ax Copies to: 715-389-0564 mail Copies to: himroiadmrest  Date S  g disclosure on written or oral state | nat the accounting will be trevreq@marshfieldclinic.co   |
| I understand to provided to me Patient signature of Al Parent of mi Mail Copies to For Marshfield Extension R Status: According to the Patient Status: According to t | • First request in • Subsequent Research that there may be a fee within 60 days unless  ure  uthorized Person inor Court apporate to Court apporate to Court apporate to Clinic Health System (Clinic  | Date/ Date/ Internal Use Only No Reason Temporarily suspender care oversight agence.   | Time  Time  Time  Time  Time  Time  Time  Time  Tolude legal docum  The product of the product of right to accounting the product of the prod | Printed name entation  ax Copies to: 715-389-0564 mail Copies to: himroiadmrest  Date S  g disclosure on written or oral state | nat the accounting will be trevreq@marshfieldclinic.co   |