



**Request for Accounting of Disclosures**

Patient name (print): \_\_\_\_\_ D.O.B. \_\_\_\_\_

Medical record number: \_\_\_\_\_ Account#: \_\_\_\_\_

Mailing address: \_\_\_\_\_

I request an accounting (list) of disclosures of my health records for the following time period (date range):

I understand that this accounting:

1. Will not include disclosures from more than six (6) years ago
2. Will not include disclosures for my treatment, for payment of my healthcare services, or for the healthcare operations of the Hospital
3. Will not include disclosures to me or for which I (or my personal representative) signed an authorization
4. Will not include disclosures, if any, from the Hospital directory if I was in the Hospital and I did not restrict sharing that information
5. Will not include disclosures incidental to permitted uses and disclosures; will not include disclosures made as part of a limited data set when it is reasonably unlikely that the information could identify me; and will not include certain other disclosures protected by law, such as for national security, to correctional institutions, or for health oversight or law enforcement officials when the agency required the Hospital to temporarily suspend patient access to the accounting.

I understand that if this is the first time I have requested an accounting in the past 12 months, it will be free. Otherwise, I may be charged a reasonable, cost-based fee. However, I will be informed of that fee, and I may then modify or withdraw this request without penalty at that time.

I understand that the Hospital will respond within 60 days of receipt of this request.

\_\_\_\_\_  
**Patient Name (Please Print)** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Patient or Legal Representative** \_\_\_\_\_  
**Date**

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**Submit Form To:  
Director of Health Information Management  
Memorial Healthcare / 826 W. King St. / Owosso, MI 48867**

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**Hospital use only:**

Completed and mailed Accounting for Disclosures to Patient Date: \_\_\_\_\_

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**Scan this form in the correspondence section of the Medical Record when complete**