

REQUEST FOR ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

Patient Name:
Patient Address:
Telephone Number:
Date of Birth:
Previous Names Used during below requested time, if any:

I understand **McLaren Health Care is NOT required to tell me about the following types of disclosures:**

- Disclosures made for the purpose of my treatment, for the payment of health care provided to me, or for health care operations purposes
- Disclosures that were authorized by me, or that were disclosed to me or my legal representative
- Disclosures to persons involved in my care, such as my family and friends
- Disclosures for use in a hospital directory
- Disclosures incidental to a use or disclosure permitted, or required by state or federal law
- Disclosures for notification purposes, for example, to notify a family member, personal representative or other person of the location, general condition or death of a patient
- Disclosures contained in a limited data set, or that were de-identified
- Disclosures for national security or intelligence purposes
- Disclosures to correctional institutions or law enforcement officials
- Disclosures that are temporarily excluded at the request of a health oversight agency or law enforcement official

Understanding the above, I would like to request an accounting of how my protected health information was disclosed by the below-specified McLaren facility or provider:

NAME OF MCLAREN FACILITY WHERE I RECEIVED TREATMENT:
(AND/OR) NAME OF MCLAREN PROVIDER WHO I RECEIVED TREATMENT FROM:
INCLUDE DISCLOSURES FOR THE FOLLOWING DATES (To/From):
Printed Name of Patient:
Signature of Patient or Legal Representative:
Date:

I understand that McLaren Health Care will provide the accounting of disclosures within 60 days of my request or will notify me that a one-time extension of an extra 30 days is required to prepare the accounting.

I understand that dates requested for the accounting cannot exceed more than six years prior to the date of the request.

McLaren shall provide an accounting at no charge during any 12 month period.

Send completed form to:
MCLAREN HEALTH CARE PRIVACY OFFICER
 One McLaren Parkway, Grand Blanc, MI 48439
Privacy@McLaren.org