

REQUEST FOR AN ACCOUNTING OF CERTAIN DISCLOSURES OF PROTECTED HEALTH INFORMATION

As a patient, you have the right to receive an accounting of certain non-routine disclosures of your identifiable health information made by our Practice. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be provided free of charge. For additional lists during the same 12-month period, you may be charged for the costs associated with providing the list; however, the Practice will notify you of the cost involved prior to fulfillment of your request and you may choose to withdraw or modify your request. To request an accounting of disclosures made by the Practice, you must submit your request in writing to Morlen Health, Compliance Office, 401 NE 19th Ave., Suite 200, Portland, OR 97232.

Patient name: _____

Date of birth: _____

Patient address:

Street: _____

Apartment #: _____

City, State, ZIP: _____

Signed by:

Relationship to Patient:

Date:
