

**Request for Accounting of Disclosures**

**Patient Right:** You are entitled to a free disclosure accounting once in each 12-month period. If this is not your first disclosure accounting that MMA has made to you in this 12-month period, we will charge you a fee of \$50.00 for preparing the additional accounting disclosure.

I request an accounting of the disclosures of my protected health information made within the ..... months prior the date of this request. I understand that the accounting will not include disclosures made before *April 14, 2003*, or for any disallowed purpose as explained above. I understand that I am entitled to a free disclosure accounting once in each 12-month period. I understand that I will be charged for this disclosure accounting if I have already received a disclosure accounting from my health plan within the last 12 months, and I agree to pay the charge.

**I want an accounting of disclosures that covers the following period:**

From: ..... To: .....

**I want an accounting of disclosures in the following form:**

Mail to my Address: .....  
.....  
.....

I prefer to pick-up the accounting.  
Please call me at the following phone number when it is ready to be picked up: .....

I understand that MMA must provide the accounting of disclosures within 30 days of my request or notify me that an extension of an extra 30 days (or less) is required to prepare it.

Patient Signature: ..... Date: .....

If this request is made by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: .....  
Relationship to Individual: .....

- A copy of my personal representative form or legal document is on file.
- Attached is a copy of my personal representative form or legal document.

Legal Representative Signature: ..... Date: .....