

You may request an Accounting of Disclosures of your records. We will contact you within sixty (60) days of receiving your request.

CLIENT'S INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
CASE NUMBER:	SSN:	DATE OF BIRTH:

HOW DO WE REACH YOU?

PHONE NUMBER:	ADDRESS:	CITY/STATE:	ZIP CODE:
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IF YOU ARE NOT THE CLIENT:

PRINT YOUR NAME:	INDICATE YOUR RELATIONSHIP TO CLIENT:
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HOW WOULD YOU LIKE TO RECEIVE YOUR RECORDS?

PICK UP IN PERSON
 US MAIL
 OTHER:

YOUR RIGHTS

TIME PERIOD: You have the right to request an Accounting for a specific time period, up to six years prior to the date we receive your request. Indicate what time period for which you want the Accounting:

FEES: The first Accounting in a 12-month period will be provided free of charge. If additional accountings are requested in the same 12-month period, you may be charged a fee.

ACCOUNTING LIMITATIONS: The law does not require we include every disclosure in an Accounting. For instance, we may not include disclosures authorized by you, or those for certain treatment, payment, and health care operations purposes.

SIGNATURE

SIGNATURE:	DATE:
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