

Affix Patient Label

## BRONSON HEALTHCARE REQUEST FOR AN ACCOUNTING

Patient's Name:				
	Last	First	Middle	
	Maiden or other name			
Home Address:				
Home Telephone:		Date of Birth:		
Information that	below, I hereby request an accour Brons d below <b>[please check one box]:</b>	ting of all accountable discl on Healthcare Group has ma		

1 year 🛛	3 years $\Box$	5 years 🗆
2 years □	4 years □	6 years 🗆

I understand that Bronson is not obligated to provide me an accounting of any accountable disclosures made more than six year prior to the date of this request.

I understand that disclosures made in connection with treatment, payment and certain health care operations conducted by Bronson are not "accountable," nor are disclosures made by Bronson with my authorization.

If I need further information regarding the types of disclosures that are "accountable," I understand that I can ask Bronson for a copy of its policy that describes what types of disclosures are "accountable."

I understand that if this is my first request during the past twelve (12) months for an accounting of disclosures, then I will receive my requested accounting free of charge. I understand that if I have made more than one request during the past twelve (12) months for an accounting of disclosures, then the charge will be:

\$1.16 for the first 20 pages

.58 cents for pages 21-50

.23 cents for pages 51 and greater

In addition, you may be charged \$23.32 per hour of clerical work necessary to complete your request. If this fee is unacceptable, you do not need to complete this form, but you will not receive the requested accounting of disclosures.

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Send accoun	ting to:	<u> </u>	
	□ My mailing address above.		
	□ To my e-mail address:		
Signature of	Patient (or Personal Representative)	Date	
Printed name of Personal Representative		Date	
Relationship	to Patient		
A			
Accounting	for Disclosures		
	There were no known applicable disclosures made of your health information for the period specified		
	Disclosures of your health information were made to: (Report attached)		

Signature

Date