



ACCOUNTING REQUEST FORM

You have the right to receive an accounting of many disclosures made by Beth Israel Deaconess Hospital-Plymouth ("BID-Plymouth") of your health and medical information. The following information is required in order for us to process your request.

Name _____

Address to receive accounting _____

Telephone number _____

Period of time for which you wish to see the disclosures made. Note that you can request a list of disclosures for any time period after April 14, 2003. _____

BID-Plymouth is not required by law to include any of the following disclosures of your health information in an accounting to you:

- Disclosures made pursuant to an authorization signed by you or your representative;
- Disclosures to carry out our own or other providers' treatment, payment and health care operations;
- Disclosures made to you or your personal representative;
- Disclosures to our facility directory;
- Disclosures made to persons involved in your care or notification of next-of-kin or family members;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officials about inmates or others in custody; or
- Disclosures that occurred prior to April 14, 2003.

If you request more than one accounting in any 12 month period, we will charge you \$25.00 (twenty-five dollars) for each subsequent accounting requested.

Print Name _____

Signature/Date _____

Note that no accounting request will be processed unless you or your representative has signed this form.

If patient representative, provide documentation or explanation of your authority to act for the patient _____ BID-Plymouth will not process any requests signed by a patient's representative if your authority to act for the patient is not clearly delineated