



Request for an Accounting of Disclosures of Personal Information

Member ID number: _____ Member name: _____

Member address: _____

Member telephone: _____ Member date of birth: ____ / ____ / ____

On ____ / ____ / ____ you contacted Fallon Health Weinberg to request an accounting of disclosures for the following time frame:

From: _____ To: _____

An accounting of disclosures of your protected health information (PHI) only includes disclosures that are not related to your treatment, payment of your claims, Fallon Health Weinberg’s operations, or disclosures (unless they are in a readily producible electronic format) that were authorized by you or your personal representative.

Fees:

First request in a 12-month period - No charge

Subsequent requests in a 12-month period - Fallon Health Weinberg charges a fee based on an hourly rate for production time.

Date of last request (if any): _____

I understand that if I have already received an accounting in the past 12 months, there is a fee for this accounting, and I wish to proceed. I also understand that the accounting will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

Member (or personal representative) signature: _____

Relationship to member (if personal representative): _____

Print name: _____ Date: _____

Mail completed form to:

Fallon Health Weinberg
461 John James Audubon Pkwy.
Amherst, NY 14228

FOR Fallon Health Weinberg USE ONLY

Date received: _____ Date sent: _____

Extension requested: No _____ Yes, reason: _____

Member notified in writing on this date: _____