

**McLaren Print System Order**

**Order No: 48829 Reprint Previous Order No: 32084**  
**Order Date: 2019-09-23**  
**User: Kristin Fudge**  
**Phone: 517-574-9123**

**Ship Location: McLaren South Side Medical Center**  
**5525S. Martin Luther King Jr Blvd**  
**Lansing, Mi 48911**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 63825**  
**Dept Name: South Side Medical Center**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MHC\_CC1108.7.5**  
**Item Description: REQUEST FOR ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION**  
**Revision Date: 9/2017**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold: None**  
**Finish: None**  
**Drill: None**  
**Misc Info:**



**REQUEST FOR ACCOUNTING OF DISCLOSURES  
OF PROTECTED HEALTH INFORMATION**

PATIENT NAME:	
PATIENT ADDRESS:	
TELEPHONE NUMBER:	
DATE OF BIRTH:	PREVIOUS NAMES DURING REQUESTED TIME PERIOD:

I, \_\_\_\_\_, request that McLaren Health Care provide to me an accounting of any disclosures ("Accounting") of my health information.

I am requesting an accounting of the disclosures made for the time period from:

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. (Dates cannot be for more than six (6) years prior to the date of this request).

I understand that McLaren has 30 days to respond to this request, and that if another entity holds the information, or it is offsite, McLaren has 60 days to respond to this request.

Print Name: _____	Date: ____/____/____
Signature: _____	

McLaren shall provide one Accounting at no charge during any twelve (12) month period.

Send completed form to:

**McLAREN HEALTH CARE PRIVACY OFFICER**  
One McLaren Parkway, Grand Blanc, MI 48838, or  
[Privacy@McLaren.org](mailto:Privacy@McLaren.org)