SOUND PHYSICIANS, INC.
AND ITS AFFILIATED COVERED ENTITIES
REQUEST FOR ACCOUNTING OF DISCLOSURES FORM

I hereby request that Sound Physicians, Inc. provide an accounting of the disclosures of health care information regarding the following patient:

PATIENT NAME: _____ **BIRTH DATE:**_____

ADDRESS: _____

TELEPHONE:_____

EMAIL: _____

DATES FOR WHICH YOU ARE REQUESTING AN ACCOUNTING (may not be more than six years prior to the date of your request, unless the accounting being requested relates to disclosures for treatment, payment or health care operations purposes made through an electronic health record, in which case the dates may not be more than three years prior to the date of your request):

FROM DATE:_____ **TO DATE**:_____

Note: No accounting is available for disclosures that occurred prior to April 14, 2003, or for the disclosures specified above that are made through an electronic health record prior to the effective date set by the Secretary of the U.S. Department of Health and Human Services.

To limit the accounting of disclosures made to a specific person or entity, please identify that person or entity here. If this section is left blank, an accounting of *all* disclosures made during the time period listed above (except those that the law does not require or allow us to list)

will be provided:_____

_____ _____
Signature of Patient **Date of Signature**

OR

_____ _____ _____
Signature of Guardian or Legally Authorized Representative (if patient is a minor or unable to sign) **Date of Signature** **Description of Authority to Act for the Individual**

_____
Printed Name of Legally Authorized Representative

Authorizations signed by a representative must contain a copy of the guardianship papers or power of attorney.

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WE WILL PROVIDE THE FIRST ACCOUNTING IN ANY TWELVE MONTH PERIOD FREE OF CHARGE. FOR EACH ADDITIONAL ACCOUNTING DURING THAT TIME, WE WILL CHARGE A REASONABLE FEE BASED ON OUR COSTS. WE WILL NOTIFY YOU OF THE AMOUNT OF THIS FEE IN ADVANCE SO THAT YOU HAVE AN OPPORTUNITY TO WITHDRAW OR CHANGE YOUR REQUEST.

All requests for accounting(s) must be submitted in writing to:

Chief Compliance & Privacy Officer
Sound Physicians
1498 Pacific Avenue, Suite 500
Tacoma, WA 98402
1 (855) 768 6363
compliance@soundphysicians.com