

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

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

PATIENT NAME: _____

BIRTH DATE: _____ SSN: _____

ADDRESS: _____

TELEPHONE: _____

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.

If you want to limit the accounting to those 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:

If you are not the patient, please fill out the following information:

Name: _____

Relationship to Patient: _____

Address (if different from above): _____

Telephone (if different from above): _____

Please furnish a copy of any conservator/guardianship papers with this request.

SIGNATURE: _____ DATE: _____

All requests for accountings must be submitted in writing to:

Dan Weissburg, Chief Compliance & Privacy Officer
Sound Physicians
1498 Pacific Avenue, Suite 400
Tacoma, WA 98402
1 (855) 768 6363
compliance@soundphysicians.com

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.