

**BEACON ORTHOPAEDICS & SPORTS MEDICINE
BEACON ORTHOPAEICS SURGERY CENTER LLC**

**REQUEST FOR ACCOUNTING OF PROTECTED HEALTH
INFORMATION**

Dear Patient:

As outlined in our Notice of Privacy Practices for Protected Health Information you have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations or for a valid authorization or for incidental disclosures as described in our Notice of Privacy Practice. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that were made up to six years before your request for an accounting; however, you may not ask for an accounting of disclosures made before April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

If you would like to receive an accounting of such disclosures, please complete the bottom of this form, sign and date where indicated and return it to the receptionist or our Privacy Contact.

Name: _____
Address: _____

Date of Birth: _____
Social Security Number: _____
Records Requested: _____

Signature: _____ Date: _____

Please contact our Privacy Contact if you have any questions about access to your medical records.

For Office Use Only
Request granted or denied: _____ By Whom: _____
If denied, why? _____ Date: _____