



REQUEST FOR ACCOUNTING OF DISCLOSURES

You have the right to request that Rezilient Health provide you with a list of the times we have disclosed your protected health information (PHI) -- this is called an accounting of disclosures. The request will only legally permit access to disclosures made up to six (6) years before the date of your request. You may receive one such accounting per year at no charge, but any additional requests for an accounting during the same year may incur a fee. The list will not include any of the following: disclosures made for treatment, payment or healthcare operations purposes; disclosures made pursuant to your authorization; and certain other disclosures permitted by law.

Please complete this form to request an accounting. We will process and respond to your request in writing within no more than sixty (60) days after the date we receive your request.

Patient Information

Patient First & Last Name:	
Address:	Date of Birth:
City & State:	Zip Code:
Phone:	Email:

Please provide all of the following information below. Note that if we do not have all the necessary information, we may not be able to process your request.

I would like an accounting of disclosures for the following time frame (e.g., From: July 1, 2014 To: July 1, 2018):

From:

To:

If you are only seeking an accounting of certain types of disclosures or disclosures to a specific person, organization or entity, please describe the disclosures for which you are seeking an accounting:



I have read and understand the information in this Accounting of Disclosures Form.

Patient Signature:	
Printed Name:	Date:
Signature of Authorized Representative:	
Printed Name:	Date:
Relationship to the patient/authority to act for the patient:	
Witness or Interpreter:	

Please return this completed form to Resilient Health via one of the following methods:

1. Mail to: ATTN: Accounting of Disclosures Request, Resilient Health, 5595 Pershing Ave, St Louis, MO 63112
2. Email to: medicalrecords@resilienthealth.com

FOR INTERNAL USE ONLY

Date Received:	Date Processed:
<i>Received by</i> Name: Title:	