I am requesting an accounting of disclosures of my protected health information. I cannot request disclosures for dates more than six years before the date of this request. I am requesting disclosures made between ________________ - ________________ (date range). I understand the facility has 60 days to comply with my request. This time period may be extended by an additional 30 days if I am provided with the reasons for the delay within the initial 60 day time period.

The accounting I receive will not contain disclosures:
- To carry out treatment, payment, or healthcare operations
- Pursuant to my authorization
- Made to me
- For the facility's directory
- To persons involved in my care or other notification purposes
- Incidental to permissible use or disclosure
- For national security or intelligence purposes
- To correctional institutions or in custody law enforcement officials
- As part of a limited data set
- De identified data

If a patient is under 18 years of age or otherwise unable to consent, the following must be completed:

I, ________________________________, hereby certify that I am the ____________ of the patient; that patient is unable to consent because patient is a minor, or because:

______________________________

Signature of Parent, Legal Guardian, Patient Advocate or Next of Kin

OVER
☐ A copy of my personal representative form or legal document is on file
☐ Attached is a copy of my personal representative form or legal document

Keep a copy of this request for your records

SPECTRUM HEALTH STAFF
Send this completed request form to Spectrum Health’s Health Information Management Department for review and approval/denial.

If Spectrum Health Medical Group, send to Health Information Management (HIM) manager below.

For questions, call HIM manager at 616.485.3718
- Mail code: 063
- Fax: 616.391.1521
- Mail: Spectrum Health Medical Group, HIM manager,
  100 Michigan Street NE, Grand Rapids, MI 49503

If Spectrum Health Hospital Group, send to Health Information Management (HIM) supervisor below.

For questions, call HIM supervisor at 616.391.0035
- Mail code: 063
- Fax: 616.391.1521
- Mail: Spectrum Health, HIM supervisor,
  100 Michigan St. NE, Grand Rapids, MI 49503

FOR OFFICE USE ONLY
Date request received ____________________________
Request received by (staff name) ____________________________
Date disclosure completed ____________________________

DATE _________ TIME _________ Staff signature ____________________________
Printed staff name ____________________________
Department ____________________________