

Request for Accounting of Disclosure Form

45 Cfr §164.512

Patients or their personal representatives can complete this form to receive an accounting of certain disclosures made by Baylor Genetics of the patient's health and medical information. Please submit the completed form to the address or fax above. Unless an extension is requested, you will receive a response within sixty (60) days from receipt of this completed form.

PATIENT INFORMATION

_____/_____/_____
Requested Date (MM/DD/YYYY) Patient's Full Name

_____/_____/_____
Birth Date (MM/DD/YYYY) Phone Number Fax Number

LOCATION TO SEND ACCOUNTING

_____ USPS | Address _____ Email (secure) _____ Other

TIME PERIOD OF DISCLOSURES

Provide the time period for which you wish to see the disclosures made. It cannot be more than six (6) years prior to the date of your request.

_____ From _____ To

WHAT DISCLOSURES ARE NOT INCLUDED

Baylor Genetics is not required to include in the accounting the following Disclosures:

- Pursuant to an Authorization
- To persons involved in your care
- To the patient/Personal Representative
- For national security/intelligence purposes
- For treatment/payment/health care operations

FEES

If you request more than one (1) accounting in any 12-month period, Baylor Genetics may charge you a reasonable, cost-based fee for each subsequent accounting requested.

SIGNATURES

Patient's Signature _____/_____/_____
Date Signed (MM/DD/YYYY) _____/_____/_____
Patient's Personal Representative** Signature Date Signed (MM/DD/YYYY)

Printed Name _____
Relationship to Patient

**Attach documents demonstrating your authority to act on behalf of the patient if you are not the parent. (e.g., A valid power of attorney letter, court order; guardianship papers)