GoHealth URGENT CARE

Request for an Accounting of Disclosures for Protected Health Information

Last Name	**First Name**	**MI**	**Medical Record Number**
Street Address			**Date of Birth**
City	**State**	**Zip**	**Contact Number**

How to return the accounting of disclosures:
I would like my accounting returned to me via:

☐ Encrypted email at (provide email address): _____
☐ Unencrypted email at (provide email address): _____
☐ The mailing address listed above.
☐ A different mailing address (provide mailing _____
_____

Dates Requested
I would like an accounting of all disclosures for the following time frame. Please note: the maximum time frame that can be requested is six years prior to the date of your request.

From: _____ To: _____

Response Time
I understand the accounting I have requested will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

_____ _____
Signature of Patient or Legal Representative Date

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Date request received: _____ Date accounting sent: _____
Extension requested: ____ Yes ____ No
If yes, give reason: _____
Patient notified in writing on this date: _____
Staff member processing request: _____