Athens Spine Center
830 King Avenue
Athens, Georgia 30606
1550 Timothy Road Suite 104
Athens, Georgia 30606
(706) 425-2400 Phone
(706) 425-2410 Fax

Athens Spine Procedural Center
1550 Timothy Road Suite 103
Athens, Georgia 30606
(706) 850-5667
(706) 850-6249 Fax

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

(For use by patients requesting an accounting of disclosures.)

DATE OF REQUEST: PATIENT NAME:

DATE OF BIRTH: PATIENT ID NUMBER:

PATIENT ADDRESS:

I would like an accounting of disclosures for the following time frame (e.g., From: 01/01/09 To: 01/30/09):

From: To:

If you are only seeking an accounting of a certain type(s) of disclosure or disclosures to a specific person/organization, please describe the disclosures for which you are seeking an accounting:

If you would like an accounting of disclosures to be released to another individual or entity, please fill out the information below entirely.

Entity Name _____

Contact Person _____

Address _____

Phone Number _____

Fax Number _____

I understand that an accounting will be provided to me within 60 days of the receipt of this request. I understand Athens Spine Center may extend the time frame for an additional 30 days for which I will be provided with a written statement for the reason(s) for the delay and the date by which I can expect to receive the accounting.

Signed by:_____ Date signed: _____
Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative: _____
[If Signed by a Personal Representative, please state such person's authority to act for the Individual]

FOR ASC USE ONLY	
DATE RECEIVED:	DATE SENT:
NAME/TITLE OF ASC EMPLOYEE PROCESSING:	