

ACCOUNTING OF DISCLOSURE REQUEST FORM

Connie offers patients the opportunity to request an accounting of disclosure for their medical records that flow through Connie. This request, which can be made twice a year free of charge, will inform you which healthcare providers, if any, have accessed your medical records through Connie services.

Upon receipt of your request, Connie will begin to process your accounting of disclosure. The results will be sent to you within 4 weeks.

Instructions: In order to submit your request, please first print and complete this form. You **must** also include a scanned copy of a government-issued photo ID (e.g., driver's license, passport, or identification card).

This completed and email this form with a copy of a valid form of your ID, to Connie at **disclosures@connie.org**.

If you have any questions or difficulties with this form, call Connie's Customer Care Team at 1-866-987-514

Please Complete All Fields in the Section Below:

First Name: _____

Last Name: _____

Street Address: _____

City, State, Zip: _____

Date of Birth (mm/dd/yyyy): _____

If you would like to receive the results of this request via email, provide your email address. Please be aware that disclosure information is considered personal health information and emails are not encrypted.

Email: _____

Signature of Patient or Legal Representative

Date