



REQUEST FOR ACCOUNTING OF DISCLOSURES

I, _____, hereby request that MCS Healthcare Holdings, LLC provide
Affiliate Name (Please Type)

me with an Accounting of Disclosures of my Protected Health Information not related to treatment, payment, or health care operations; from

_____ (start date) through _____ (termination date).

I understand that the time period requested above cannot exceed ten (10) years prior to the date that I make the request, or before April 14, 2003. I also understand that the requested accounting of disclosures will be provided within sixty (60) days, unless I receive a written notice of a thirty (30) day extension, justifiably necessary in order to obtain the information.

I want to limit this request for accounting of disclosures to the following type of disclosures:

Affiliate Signature: _____

Contract Number: _____

Affiliate's Authorized Representative

Signature

Date

Mailing address where you want disclosure to be sent:

Telephones: Home: _____ Cellular: _____ Other: _____

For Privacy Unit Use Only:

_____ Request approved

_____ Request denied because the information was disclosed:

_____ For treatment, payment, or health care operations

_____ To you

_____ Your authorization was not required

_____ For National Security

_____ According to Law

_____ Was disclosed before April 14, 2003

_____ The use or disclosure was permitted

_____ A thirty (30) day extension was requested due to: _____

MCS cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. MCS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MCS遵守適用的

聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-627-8183 (TTY: 1-866-627-8182). ATTENTION: If you speak English, language assistanceservices, free of charge, are available to you. Call 1-866-627-8183 (TTY: 1-866-627-8182).注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-627-8183 (TTY: 1-866-627-8182)。

Confidentiality Notice: This communication is privileged and confidential, and/or protected health information (PHI) or electronic protected health information (ePHI), and may be subject to protection under the law, including HIPAA. This communication is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, be advised that any use, disclosure, distribution, copying, or action taken in reliance on the contents of this communication is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for its return.