

Marietta OB-Gyn AFFILIATES, P.A.

REQUEST FOR AN ACCOUNTING OF CERTAIN DISCLOSURES OF
PROTECTED HEALTH INFORMATION FOR NON-TPO PURPOSES

As a patient, you have the right to receive an accounting of certain disclosures of your identifiable health information made by our practice. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14th, 2003. The first list you request within a 12-month period will be provided free of charge. For additional lists during the same 12-month period, you may be charged for the cost of providing the list; however, the practice will notify you of the cost involved and you may choose to withdraw or modify your request.

To request an accounting of disclosures made by the practice, you must submit your request in writing to Marietta OB-Gyn Affiliates, P.A. Attn. Marilyn Smolinski or Gregg A. Bauer, M.D., at 625 Church Street, Marietta, Georgia 30060.

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Street Address

City, State and Zip

Signature of Patient or Legal Guardian

Date