



Request for Accounting of Disclosures of Protected Health Information

I understand that:

- I have the right to an accounting of uses and disclosures of my protected health information (PHI) for purposes other than treatment, payment and Delta Dental's health care operations.
- Delta Dental's responsibility for such accounting became effective April 14, 2003 and that accounting for disclosures prior to that date is not available.
- Delta Dental will maintain the record of any disclosure for six years.
- Delta Dental will respond to this request within 60 days unless I receive notification in writing that it will take longer to fulfill my request.
- That a fee may be charged for more than one accounting in a 12-month period, but Delta Dental will notify me in advance of such fee.

Member name: _____ Date of birth: _____

Subscriber number: (9-digit) _____

Address: _____ Telephone: _____

Please specify the period of time for which you would like an accounting of disclosures of your PHI.
(No accounting is available prior to April 14, 2003)

Signature of member or legal representative Date

Dental records signature Date

Direct correspondence to: Privacy Office, Delta Dental of Michigan, P.O. Box 30416, Lansing, MI 48909-7916.