



Walgreens Privacy Office, 200 Wilmot Road, MS 9000, Deerfield, Illinois 60015
Phone: (847) 236-6518 Fax: (847) 236-0862

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Request:

I request an accounting of disclosures for my protected health information that has been used or disclosed by Walgreens for purposes other than treatment, payment, or health care operations.

I understand that Walgreens has 30 days to respond to this request, and that if someone else holds the information or it is off-site, the response time is 60 days.

Information:

Patient Name: _____
Date of Birth: _____
Street Address: _____
City, State, Zip _____
Telephone Number: () _____ E-mail Address: _____

Agreement:

I agree to pay any fees for obtaining an accounting of disclosures. Fees will be reasonable and cost-based, and include only the cost of copying, postage, and preparation of a summary (if I agree to a summary).

I understand that this request does not apply to certain health information that includes uses and disclosures for the following: (a) to carry out treatment, payment and health care operations; (b) to me of protected health information about me; (c) to persons involved in my care or other notification purposes; (d) for national security or intelligence purposes; and (e) to correctional institutions or law enforcement custodial situations.

Signature

Signature: _____ Date: _____

If signed by the patient's personal representative, explain authority to act on behalf of the patient:

Note: If you are signing this form as the legal representative of the individual listed above, and are other than the parent of the minor child whose information is listed above, you must also submit documentation that establishes yourself as the legal representative. For example, a copy of a Power of Attorney that includes provisions to obtain medical information, etc.

**Mail this completed and signed form to: Walgreens Privacy Office, 200 Wilmot Road, MS 9000, Deerfield, Illinois 60015;
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