



Request for an Accounting of Disclosures

Date of Request: _____

Individual Name _____

Date of Birth _____

Address _____

City/State/Zip _____

Telephone _____ Fax Number _____
(include area code) (include area code)

Address to send Accounting of Disclosure(s) (if different from above):

Dates Requested: I would like an accounting of all disclosures for the following time frame:

From: _____ **To:** _____

(Note: the maximum time frame that can be requested is six years prior to the date of request, but not before April 14, 2003.)

Disclosures made directly to you as well as those made for treatment, payment, healthcare operations, and those made pursuant to your signed authorization will be excluded from this disclosure.

The fee for this request is: \$ _____ (First request in a 12 month period is free of charge)

I understand that there may be a fee for this accounting and that Alere will notify me of the amount prior to disclosure. I understand that Alere will allow me the opportunity to withdraw or modify my request for an accounting in order to reduce or avoid the fee. I also understand that the accounting will be provided to me within sixty (60) days of Alere’s receipt of this request unless I am notified in writing that an extension of up to thirty (30) days is needed.

Name of Individual or
Personal Representative *(PLEASE PRINT)* _____

Signature of Individual or
Personal Representative: _____ Date: _____
(If Personal Representative, include a description of authority to act for individual)

Signature of Witness: _____ Date: _____

Please submit this form directly to: Privacy Officer – Alere 3200 Windy Hill Rd, Suite B-100, Atlanta, GA 30339.
If you have any questions, please contact the Privacy Officer directly at 770-767-8191

For Alere Use Only:

Date Received: _____ Date Sent: _____

Individual notified of fee: No Yes N/A

Individual withdrew/modified request (circle one)

Modified request includes the following period _____.

Extension Requested: No Yes, Reason _____

Individual notified in writing on this date: _____

Copy of *Verification of Identify* of individual and/or personal representative obtained/filed:

Staff member processing request: _____