

HIE Health Information Request Form For Accounting of Disclosures

I am requesting a list of people who have accessed my health information through the Health Information Exchange in the last **three years**. I understand:

- I must **complete and return this form to my healthcare provider**.
- This list will **only** include access through the Health Information Exchange. It will **not** include access through other systems, such as a provider's electronic health record.
- I will receive a response within 30 days after Contexture receives the form from my healthcare provider.
- Contexture may only send the list to an address within the United States of America or its territories.
- Each person must submit a separate form, including each family member.

First and Middle Name:	
Last Name:	
Previous Names or Nicknames:	
Date of Birth (mm/dd/yyyy):	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:	
City, State, ZIP Code:	
Contact Phone Number:	

Signature of Patient or Legal Representative

Check if signer is a Legal Representative

Date

Legal Representative Name (Print): _____

PROVIDER OFFICE: PLEASE COMPLETE THIS BOX

Facility/Provider:

Date:

Phone Number:

Please submit through a Contexture Help Desk Ticket or through secure fax at 720-285-3207.