



Request for an Accounting of Disclosures

Patient Information:			
Patient Name		Myriad Patient ID #	
Current Address		City	State Zip
Social Security Number - -	Phone Number ()	Date of Birth / /	

I would like to request an accounting of how my protected health information was disclosed by Myriad Genetic Laboratories, Inc. as required by federal regulations. In compliance with these regulations I understand an accounting of disclosures will not include the following types of disclosures:

- Those made prior to April 14, 2003
- For the purposes of treatment, payment, and health care operations or as part of a limited data set.
- Those made to me or authorized by me.
- To persons involved in my care.
- For national security or intelligence purposes.
- To correctional institutions or law enforcement officials.
- Those made as incident to a use or disclosures otherwise permitted or required by law.

I also understand that the government under limited circumstances may suspend my right to an accounting of some or all disclosures.

Time Period for Accounting of Disclosures: <i>(Note: The time period must be no longer than six years and may not include dates before April 14, 2003.)</i>	
From (date): / /	To (date): / /
Please send the requested Accounting of Disclosures:	
<input type="checkbox"/> By mail to the above address. <input type="checkbox"/> To my email address: _____	

I understand that:

- Myriad will provide the accounting of disclosures within 60 days of my request or notify me that an extension of an extra 30 days (or less) is required to prepare it.
- I am entitled to one free accounting of disclosures in any 12-month period. A fee may be charged for every additional request in a 12-month period.

Patient or Personal Representative Signature	Date
Print Personal Representative Name <i>(please attach applicable legal documentation)</i>	Relationship to Patient

Please send this form to: Myriad Genetic Laboratories, Inc., Attn: Privacy Office, 320 Wakara Way, Salt Lake City, UT 84108

Date request received:	Date requested accounting sent:
Myriad representative name/signature:	