

Department of Social Services

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

EXHIBIT 7

INDIVIDUAL INFORMATION

Individual's Name _____

Social Security Number _____

Date of Birth _____

Other Identifier (DCN) _____

Address: _____

Name and Address to send disclosure accounting (if different from above):

If this request is made by someone other than individual, state relationship and authority to make request.

Individual is: Minor Incompetent Disabled Deceased

Authority: Custodial Parent Legal Guardian Executor of Estate of Deceased
 Power of Attorney for Healthcare Authorized Legal Representative

DATE RANGE REQUESTED

I would like an accounting of all disclosures for the following time frame. *Please note: the maximum time frame that can be requested is six years prior to the date of your request, beginning April 2003.*

From: _____ To: _____

FEES

There is no charge for the first accounting request in a 12-month period. For subsequent requests in the same 12-month period, the charge is \$_____. I understand that there is (check one):

_____ No fee for this request.

_____ A fee for this request in the amount specified above and I wish to proceed.

RESPONSE TIME

I understand the accounting I have requested will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

Signature of Individual or Personal Representative

Date

FOR DSS USE ONLY

Date request received: _____ Date accounting sent: _____

Extension requested: ___ Yes ___ No

Individual notified in writing on this date: _____

DSS Privacy Officer or Designee: _____

Submit this form to the DSS Privacy Officer, PO Box 1527, Jefferson City, MO 65102