



## Accounting of Disclosures Request Form

This form can be used to request an accounting of disclosures of your protected health information for any period over the past six (6) years. We are required to keep an accounting of certain disclosures we make of your protected health information.

Please note, we are not required to account for disclosures made for treatment, payment or health care operations, disclosures of protected health information made to you or people involved in your care, or disclosures made in other limited situations, such as to correctional institutions or for periods prior to April 14, 2003. The accounting of disclosures you receive will contain only those disclosures that we are required to document.

The first request for an accounting of disclosures in a twelve (12) month period is free of charge, but subsequent requests during the same twelve (12) month period may be subject to a \$15.00 charge.

I, \_\_\_\_\_, request an accounting of the disclosures of the protected health information pertaining to (Patient's name) \_\_\_\_\_ during the period from \_\_\_\_\_ to \_\_\_\_\_. (Period not longer than (6) six years)

I will pick up the accounting of disclosures

Please mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Nature of Personal Representative's Authority