



Request for Accounting of Disclosure of Protected Health Information

Patient Name: _____

Date of Birth: _____ Telephone # _____

Address: _____
Street City, State Zip

I hereby request for an accounting of disclosures for the following dates:

From: _____ To: _____
(must be after 4/14/2003)

I understand that the practice is not required to provide an accounting of all disclosures which include:

- 1. To carry out treatment, payment and health care operations as providers
- 2. Disclosures pursuant to an authorization
- 3. For reporting neglect or abuse
- 4. For national security purposes
- 5. PHI that is part of a limited data set for research
- 6. Disclosures that occurred prior to April 14, 2003

Fees: The first request in any 12 month period is free. I understand that after the first request in a 12-month period there is a fee for the List of Disclosures and I wish to proceed. I also understand that list will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

Patient Signature or Personal Representative

Date

Office Use Only

Date Received: _____

Date Responded: _____

Extension Requested

Reason _____

Signature of Practice Representative

Date

Is this the first request for accounting in a 12-month period? Yes No

If no, has patient paid in full? Yes No