

PATIENT REQUEST
ACCOUNTING OF DISCLOSURES FOR PROTECTED HEALTH INFORMATION

Date: _____

Practice Name: _____

Address: _____

City, State, Zip: _____

Dear _____:

I hereby request an accounting of disclosures of protected health information made by your business for the following individual:

First Name: _____ Last Name: _____

Date of Birth: _____ Last Four of SS#: _____

Please include all disclosures made for:

() the period beginning six years prior to the date of this request

() beginning on _____ and ending on _____ (Not prior to April 14, 2003)

My relationship to the patient is _____ (Only if patient and requestor are different)

If you have any questions or need additional information, please contact me using the information below.

Sincerely yours,

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____