

[Company Name]

**Request for Accounting of Protected Health Information Disclosures**

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Consistent with federal regulations, we will provide you with an accounting of certain disclosures of your protected health information. You will not receive an accounting for the following:

- Disclosures covered by your consent to the use and disclosure of your protected health information for the purposes of treatment, payment, or the day-to-day operation of the medical practice
- Disclosures to law enforcement or correctional institutions
- Disclosures that occurred prior to April 14, 2003, the effective date of the federal privacy rules
- Disclosures that six or more years prior to the date of this request.

We will contact you when the information you have requested is available, generally within 60 days of your request.

\_\_\_\_\_  
Name of Patient (Print or Type)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City    State    Zip Code