

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

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As required by the Health Insurance Portability and Accountability Act of 1996 you have a right to request an accounting of disclosures of health information that pertains to you.

REQUEST SECTION

_____ (print name) hereby requests an accounting of disclosures of my protected health information that have occurred over the last six (6) years.

Signature

Date

REQUEST PROCESSING SECTION

This section is to be completed by the reviewer:

Date received: _____

Reviewed by: _____

Contact Person: _____

Review Date: _____

The requested disclosure accounting was processed on:

Date

Signature

Date