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.

**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: __________

Signature ______________________________ Date __________

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