



**PATIENT REQUEST FOR ACCOUNTING OF DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

NOTICE: The Privacy Rules allow you to request restrictions an accounting of disclosures of your protected health information (“PHI”). The accounting will include releases of information made for other than treatment, payment, and healthcare operations or releases authorized by you. You may request an accounting for up to six (6) years prior to the date of your request – three (3) years if your PHI is in an electronic format.

Patient Name: _____ Date of Birth: _____

Address:

Street

City

State

Zip

Phone: _____ Medical Record Number: _____

I wish to have an accounting of disclosure(s) of my PHI as follows:

Time period _____

Facility _____

Signature of Patient or Legal Guardian

Date

Accounting of Disclosure provided:

Signature of Provider Representative

Date _____