

DISCLOSURE ACCOUNTING

To:

From:

Date: ___/___/___

The disclosure accounting that you requested is enclosed. Please note that the following types of disclosures are not included in the accounting:

- Disclosures made to carry out treatment for you, payment for your health care, or health care operations;
- Disclosures made to you or your personal representative or made pursuant to a valid authorization;
- Disclosures made for disaster relief purposes, national security or intelligence purposes, or to certain law enforcement officials; and
- Disclosures incidental to other permitted or required disclosures.

If you have any questions about the accounting, please contact us at _____