

**REQUEST FOR ACCOUNTING OF DISCLOSURES OF PROTECTED
HEALTH INFORMATION**

An individual should complete this form to request an accounting of disclosures of his or her protected health information.

Individual Who Is the Subject of the Information

Name: _____

Address: _____

Telephone: _____ Social Security Number: _____

Accounting Request

I request an accounting of disclosures of my protected health information made between the following dates: _____ and _____.

Signature _____ Date: _____

Personal Representative

If signed by a personal representative, please complete the following:

Print Name: _____

State relationship to individual: _____

Describe basis for authority: (attach any appropriate documentation)

Response to Accounting Request:

Date disclosure accounting sent to individual: ____/____/____

Charges assessed, if any: \$ _____