

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

Consistent with federal regulations, we will provide you with an accounting of certain disclosures of your Protected Health Information. You will not receive an accounting for the following:

- Disclosures of your Protected Health Information for the purposes of treatment, payment, or the day-to-day operation of the medical practice
- Disclosures to law enforcement, correctional institutions, or for any other legally required or permitted disclosure listed on our Notice of Privacy Practices
- Disclosures that occurred prior to April 14, 2003, the effective date of the federal privacy rules
- Disclosures that occurred six or more years prior to the date of this request

We will contact you when the information you have requested is available, generally within sixty (60) days of your request.

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Name of Patient (Type or Print)

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**Signature of Patient** Date

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Telephone Number

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Street Address

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City, State, Zip Code

