

List of those with whom we've shared information

Request an accounting of disclosures

Patient Name _____ Birthdate _____

I am asking for a list of health information disclosures for the following time period:

From Date: _____ To Date: _____

I understand that:

- The list is free one time in any 12-month period. A fee may be charged for additional lists in the same 12-month period.
- Disclosures made before April 14, 2003, will not be included.
- Disclosures made more than six years before my request will not be included.
- Only disclosures not relating to treatment, payment, or health care operations will be listed.
- Disclosures that I have authorized will not be included.

Signature of Patient _____ Date _____
(or Parent/Guardian)

Internal Use Only

Clinic Name _____ Date _____

Received By _____ Date _____

Privacy Officer Reviewed _____ Date _____

Clinician Reviewed _____ Date _____

Comments _____
