

Request for an Accounting

PATIENT

Name (Last, First Middle)

Date of Birth

Record Number

REQUEST

I request an accounting of disclosures of my health information during the following time period:

Start Date

End Date

Signature of individual or personal representative

(if representative, relation to patient)

Date

ADMINISTRATIVE USE ONLY

Request Accepted

Request Denied because:

Signature

Title

Date

OFFICIAL USE ONLY

Individual Patient

Individual's Medical Record