Accounting of Disclosures Request Form

Client Information:
Name: _____
Date of Birth: _____

Disclosure Request Time Period:

I request an accounting of the disclosures of my PHI for the following time period:

From: _____ To: _____

*(Please note that **HIPAA** limits accounting requests to the past **6 years**, with certain exceptions.)*

Signature of Client (or Legal Representative):
Signature: _____
Date: _____

Office Use Only:
Date Processed: _____
Disclosures Provided: _____