



**Request for an Accounting of
Certain Disclosures of Non-routine Nature**

As a patient you have the right to receive an accounting of certain non-routine disclosures of your identifiable health information made by our practice. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be provided free of charge. For additional lists during the same 12-month period, you may be charged for the costs of providing the list. This charge is \$1.00 per page for the first 25 pages and \$0.25 for every page thereafter. To request an accounting of disclosures for non-routine purposes made by the practice, you must submit your request in writing.

Patient Name: _____ **Date of Birth:** _____

Address: _____ **Suite/Box:** _____ **City** _____

State _____ **Zip Code** _____ **Phone:** _____ **Alt#** _____

FOR OFFICE USE ONLY

Initial Contact obtained from website

Accounting list completed and sent by: _____ **on** _____

Request noted in Record by: _____ **on** _____

Revised: 6/14/05