

ACCOUNT OF DISCLOSURES

Patient Name _____

Accounting Time Period (max. 6 years): From _____ to _____

Here is the accounting of disclosures you requested.

As was articulated in the notice of privacy practices, this document does not include disclosures made: (a) for treatment (e.g., if we referred you to another provider), (b) for payment (e.g., the claims filed with your health plan), (c) for health care operations (e.g., peer review of our work), (d) under any authorization that you signed, or (e) directly to you or your personal representative. There are additional exclusions to the disclosures we must account for.

___ No disclosures were made that do not fall under one of the exclusions

#1 : Date of the Disclosure: _____

Person or Organization Receiving the information: _____

Brief Description of the Information That Was Disclosed:

Purpose of the Disclosure: _____

#2: Date of the Disclosure: _____

Person or Organization Receiving the Information: _____

Brief Description of the Information That Was Disclosed:

Purpose of the Disclosure: _____

When available, we may include a copy of a written request for disclosure in lieu of the above items. For a disclosure made more than once to the same recipient, the information above refers to the first disclosure. The last disclosure made during this accounting period was on: _____.