



Request for Accounting of Disclosures

Patient Information

Date of request _____ Patient number _____

Name _____ Date of birth _____

Address _____

Send my medical record to this address (if different from above) _____

Date Requested

I request an accounting of all disclosures for the following dates:

From: _____ To: _____

Note The maximum time frame that can be requested is six years prior to the date of your request. The pharmacy is not required to account for disclosures that occurred before April 14, 2003.

Fees

There is no charge for the first request for an accounting in a 12-month period. For more than one request in a 12-month period, the charge is _____.

I understand that there is:

No fee required for this request.

A fee for this request in the amount of _____, and I wish to proceed.

Response Time

I understand that I will get the records I have asked for within 30 days or less according to state and federal law unless I am notified in writing that additional days (up to 30 days) are needed, or that my request has been denied.

Signature of patient or legal representative

Date

For Pharmacy Use Only

Date request received _____ Date request met _____

Extension requested No Yes

If yes, give reason _____

Patient notified in writing on this date _____

Employee processing request _____