

## Request for Accounting of Disclosures

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

I would like to request an accounting of certain disclosures of my protected health information made by Clifford Beers Guidance Clinic. I understand that I can only request an accounting of certain limited disclosures made by Clifford Beers Guidance Clinic during a period of time within the last six (6) years. I further understand that Clifford Beers Guidance Clinic may deny my request for an accounting of disclosure in certain situations. I understand that my rights with regard to this request for accounting are set forth in Clifford Beers Guidance Clinic's Notice of Privacy Practices.

**Must be completed by individual or individual's legal representative**

Specify time period of disclosures to be included in accounting (*dates must be on or after April 23, 2003*):

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
[Individual Signature]

\_\_\_\_\_  
[Date of Request]

**Must be completed by Clifford Beers Guidance Clinic**

- ☐ More time needed to comply with the individual's request for an accounting (Notice of Extension of Time for Accounting form sent to individual on \_\_\_\_\_)
- ☐ The individual has requested more than one accounting within a twelve-month period:
  - ☐ Any fee has been waived by the Privacy Officer, or
  - ☐ Notice of Fee for Accounting form sent to individual on \_\_\_\_\_
- ☐ Business associate contact information provided to individual on \_\_\_\_\_
- ☐ Accounting of disclosures provided to individual (Accounting of Disclosures sent to individual on \_\_\_\_\_)
- ☐ Accounting of disclosures not provided to the individual (Notice of Accounting Denial sent to individual on \_\_\_\_\_)