



Send accounting to:

- My mailing address above.
- To my e-mail address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient (or Personal Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

Accounting for Disclosures

- There were no known applicable disclosures made of your health information for the period specified.
- Disclosures of your health information were made to: (Report attached)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date