



## REQUEST FOR AN ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

As a patient, you have the right to receive an accounting of certain non-routine disclosures of your identifiable health information made by Southern Mono Healthcare District. Your request must state a time period, which may not be longer than six (6) 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; however the district will notify you of the cost involved and you may choose to withdraw or modify your request.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legal Representative Date

If representative, print name and state relationship: \_\_\_\_\_

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