As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) you have a right to request an accounting of disclosures of health information that pertains to you.

REQUEST SECTION

I, __________________________(Patient name) hereby request an accounting of disclosures of my protected health information that have occurred over the last _________________________.

(Time Period - Up to 6 years)

_______________________________   _______________________________
Signature                                                          Date

REQUEST PROCESSING SECTION - INTERNAL USE ONLY

This section is to be completed by the reviewer:

<table>
<thead>
<tr>
<th>Date received:</th>
<th>Reviewed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Privacy Officer:</td>
<td>Review Date:</td>
</tr>
</tbody>
</table>

The requested disclosure accounting was processed on ________________________________.

(Date)

_______________________________   _______________________________
Signature                                                          Date