



Request for an Accounting of Disclosures

Date of Request: _____

MRN: _____

Patient:

Patient name/Previous name(s)

Date of birth

Street Address, City, State, Zip Code

Phone number

Information to be disclosed by:

Airline Children & Women's Health Center

Denver Harbor Family Health Center

5808 Airline Dr.
Houston, TX 77076

424 Hahlo St.
Houston, TX 77020

I would like an accounting of disclosures for the following time frame (e.g. From: 01/09/09 To: 01/30/09):

From: _____ To: _____

If no dates are provided, we will provide you with all pertinent disclosures in the 6 years prior to the date of the request.

If you are only seeking an accounting of a certain type(s) of disclosure or disclosures to a specific person/organization, please describe the disclosures for which you are seeking an accounting:

Your rights with respect to this request:

I understand that the accounting will be provided to me within 60 days of the date of this request, unless Vecino extends the time frame for an additional 30 days and provides me with a written statement for the reason(s) for the delay and the date by which I can expect to receive the accounting.

Printed Name of Patient or Legal Representative and Relationship

Signature of Patient or Legal Representative

Date