

Gordon D. Elder, DC, PA dba Blair Chiropractic Clinic  
**RESPONSE to Accounting of Disclosure Request**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Chart ID: \_\_\_\_\_

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

Request Date: \_\_\_\_\_

Dear [Patient]

In response to your request for accounting of disclosures of PHI during the timeframe of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_, the following list includes all disclosures we are required to reveal to you in accordance with the HIPAA Privacy Rule.

Date of Disclosure	Name of Entity	Description of PHI	Purpose of Disclosure

Should you have additional questions, feel free to contact me.

Sincerely,