

Gordon D. Elder, DC, PA dba Blair Chiropractic Clinic
Request for Accounting of Disclosure

This form is used to request an accounting of disclosures of protected health information that our practice has made during a specified time period.

Patient Name: _____ Date of Birth: _____

Address: _____

Specified Time Frame for Accounting (Please note, the maximum timeframe that can be requested is six years prior to the date of request):

From ___ / ___ / ___ to ___ / ___ / ___

Please specify if you wish to limit the accounting to:

- Certain types of disclosure
- Disclosure to a specific entity*

Please provide details of the scope of disclosures below:

Fees: First Request in a 12-month period is free.
Subsequent requests: \$ _____

I understand that there may be a fee for this accounting and wish to proceed. I also understand that the accounting will be provided within 60 days unless notified of an extension of up to 30 days, if needed.

Patient Signature: _____ Date: _____

Personal Representative:

Name: _____ Relationship to Patient: _____

Driver's License Number: _____ State: _____

* Our practice is not required to keep disclosures related to Treatment, Payment and Operations (TPO). Including disclosures to the following: incidental disclosures; pursuant to HIPAA compliant authorization, individuals involved in the patient's care, for national security or intelligence, to correctional institutions or law enforcement, in compliant limited data set disclosures prior to April 14, 2003.