



## Accounting of Disclosures Request Form

This form can be used to request an accounting of disclosures of your protected health information for any period over the past six (6) years. We are required to keep an accounting of certain disclosures we make of your protected health information.

Please note, we are not required to account for disclosures made for treatment, payment or health care operations, disclosures of protected health information made to you or people involved in your care, or disclosures made in other limited situations, such as to correctional institutions or for periods prior to April 14, 2003. The accounting of disclosures you receive will contain only those disclosures that we are required to document

The first request for an accounting of disclosures in a twelve (12) month period is free of charge, but subsequent requests during the same twelve (12) month period may be subject to a \$15.00 charge.

I, \_\_\_\_\_, request an accounting of the disclosures of the protected health information  
*Print Name*

pertaining to (Patient's name) \_\_\_\_\_ **Patient Date of Birth:** \_\_\_\_\_  
*Print Name*

During the period \_\_\_\_\_ to \_\_\_\_\_. (Period not longer than six (6) years)

\_\_\_\_ I will pick up the accounting of disclosures  
*Information will need to be picked up at 1311 Mamaroneck Ave, White Plains, NY.*

Please provide phone number so we may contact you when information is ready \_\_\_\_\_

\_\_\_\_ Please mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Patient or Personal Representative:** \_\_\_\_\_  
*Print Name*

**Signature of Patient or Personal Representative:** \_\_\_\_\_

**Description of Personal Representative's Authority:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return form by using one of the methods listed:**

**Health Information Management Department**

Mailing Address: P.O. Box 431 Port Chester, NY 10573

Email: [medicalrecords@westmedgroup.com](mailto:medicalrecords@westmedgroup.com)

Phone: (914) 682-6416 Fax: (914) 682-6415

*\*Disclaimer: Patients should carefully consider the use of email for the communication of protected health information (PHI) and should understand that there are known and unknown risks that PHI may be disclosed to, or intercepted by, unauthorized third parties. These risks include but are not limited to (i) the email being sent to the wrong person due to the sender's use of the wrong email address, (ii) e-mail service provider's ability to archive and inspect communications, and (iii) computer hacking and viruses.*