

## Request for Accounting of Disclosures

Individual Name: \_\_\_\_\_

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

Individual Date of Birth: \_\_\_\_\_

Individual SSN: \_\_\_\_\_

Specimen ID # (if known) \_\_\_\_\_

| <i>Requestor to Complete</i> |                 |                               | <i>Provider to Complete</i>   |   |             |
|------------------------------|-----------------|-------------------------------|-------------------------------|---|-------------|
| <i>From Date:</i>            | <i>To Date:</i> | <i>Purpose of Disclosure:</i> | <i>Date Request Received:</i> | <i>Date Information Provided to Individual:</i> | <i>Fee:</i> |
|                              |                 |                               |                               |   |             |
|                              |                 |                               |                               |   |             |
|                              |                 |                               |                               |   |             |
|                              |                 |                               |                               |   |             |
|                              |                 |                               |                               |   |             |

Please consider this a request for an accounting of all disclosures for the time frames indicated below. (The maximum time frame that can be requested is six (6) years prior to the date of the request, but not before April 14, 2003.) I understand that there is a fee for this accounting and I wish to proceed. I understand that the accounting will be provided to me within sixty (60) days unless I am notified in writing an extension of up to thirty (30) days is necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_