Accounting for Disclosures Form

_____There were no applicable disclosures made of your protected health information for the period your specified.

_____Disclosures of your protected health information were made by this office to:

Date of Disclosure	Name of Whom Information was Disclosed	Address	Description of Information Disclosed	Purpose of Information Disclosed

We are temporarily unable to process the accounting for disclosures you have requested due to:

_____A suspension required by law.

_____Other, specify: _____

However, your request will be provided by _____
(Month/Day/ Year)

If you have any questions concerning this accounting for disclosures, please contact:

_____ at (740) 687-0042
Staff Name Printed

_____ Date:_____
Staff Signature