

### Request for Accounting of Disclosures

**Notice to Patients:** Please use this form to make a request that **TGS Endodontics (a/k/a Tissura, Gregory & Shapiro, P.C.)** provide you with an accounting of disclosures of your protected health information (PHI), i.e., a list of those who got your PHI from us. **\*\*We will require verification of your identity prior to disclosing the list to you.**

**Patient Information:**

Patient Name (Please Print): \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

Patient's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Disclosure Accounting Request**

**Time Frame**

Please specify the dates between which you would like for our practice to account for disclosures of your PHI. Your request may be up to but not more than the last 6 years. We are not required to list certain disclosures, including, 1) Disclosures made for treatment, payment, and health care operation purposes, 2) Disclosures made with your authorization, 3) Disclosures made to create a limited data set, 4) Disclosures made directly to you or to your legal representative, 5) Disclosures made for national security or intelligence purposes, 6) Disclosures made to correctional institutions or law enforcement officials in custodial situations, 7) Disclosures made prior to April 14, 2003, and 8) Certain other activities.

Starting Date for Disclosure: \_\_\_\_\_

Ending Date for Disclosure: \_\_\_\_\_

**Form of Disclosure List (Please check only one box)**

Paper: Mailing Address: \_\_\_\_\_

OR

Electronically: E-mail Address: \_\_\_\_\_

(We cannot be responsible for your information when you direct us to send your PHI to an unencrypted email address. There is some level of risk that third parties might be able to read unencrypted emails.)

**Our Practice`s Contact Person**

Please contact Marge D. Shapiro, our practice's Privacy Official, if you have any questions relating to your Accounting of Disclosures request. She can be reached at 404-256-4772.

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

Signature of Patient/Legal Guardian/Personal Representative

Printed Name

Relationship of Personal Representative to Patient

Description of Personal Representative's authority to act on behalf of Patient