REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Date of Request: _____

Patient's Name: _____Birth Date: _____

Patient Address: _____

Dental Record Number: _____

Address to Send Accounting of Disclosure (if different from above):

_____

Dates Requested:
I would like an accounting of all disclosures for the following time frame:
Please note: the maximum time frame that can be requested is six years prior to the date of request, but not before April 14.2003.

From: _____ To: _____

Fees:
First request in a 12-month period: Free
Subsequent Requests During 12-month period: $_____

$35.00 for first 20 pages $ 0.25 for each additional page $25.00 for a copy of pano or FMX $ 5.00 for single x-ray

I understand that there is a fee for this accounting and wish to proceed. I also understand that the accounting will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

_____
Signature of Patient or Personal Representative Date

_____
Personal Representative's Authority

For Office Use Only:

Date Patient Notified: _____

Extension Requested: __ No __ Yes,
Reason_____

Patient notified of extension in writing on this date: _____
Verification of Identity of patient: _____
Name of Privacy Officer: Dr. Hien T. Nguyen