

Accounting for Disclosures Response

Name of Patient _____
Date of Patient Request _____
Today's Date _____
Disclosure Date Range **From:** _____ **To:** _____

There were no applicable disclosures made of your health information for the period you specified.

An extension is required to process your request.
Reason: _____
Date that Accounting will be provided to you by: _____

Disclosures of your health information were made by this office to:

Date of Disclosure	Name and Address to Whom Disclosure Made	Description of Information Disclosed	Purpose of Disclosure

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

Yale University Privacy Officer
Yale University
P.O. Box 208255
New Haven, CT 06520-8255

Phone: 203-432-5919

PRINT NAME of Privacy Official: _____

SIGNED: _____ Date Mailed: _____

For Office Use Only:

Type of Request	Processed Date	Fee Collected	Initials
Initial		n/a	
Subsequent within 12 months			
Subsequent within 12 months			