

## 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 208252  
New Haven, CT 06520-8252

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			