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www.abcdpediatrics.com

**Request for an Accounting of certain Disclosures of
Protected Health Information for Non- TPO Purposes**

As a patient, you have the right to receive an accounting of certain non-routine disclosures of your identifiable health information made by our practice for non-TPO purposes. Your request must state a time period, which may not be longer than seven (7) years and may not include dates before April 14th, 2003. The first list you request within a 12-month period will be provided free of charge. For additional lists during the same 12-month period, you may be charged for the cost of providing the list; however the practice will notify you of the cost involved and you may choose to withdraw or modify your request.

To request an accounting of disclosures made by the practice, you must submit your request in writing to:

ABCD Pediatrics
19238 Stonehue
San Antonio, TX 78258

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Street

Apartment #

City, State, Zip

Signature of Patient or legal Guardian

Date

FOR INTERNAL USE

Date Received:

Date Mailed:

Signature of Privacy Officer: