Des Moines Valley Health and Human Services - DVHHS -

Human Services
PO Box 67
Jackson, MN 56143
(507) 847-4000

PO Box 9
Windom, MN 56101
(507) 831-1891

Public Health
402 White St, Ste 201
Jackson, MN 56143
(507) 847-2366 • (800) 622-5207

235 9th Avenue
Windom, MN 561
(507) 831-1987 • (800) 247-1401

# REQUEST FOR AN ACCOUNTING OF DISCLOSURES

## PATIENT INFORMATION

Date of Request: _____

Patient Name: _____ Date of Birth: _____

Address: _____

_____

Address to send disclosure accounting (if different from above):

_____

_____

## DATES REQUESTED

Please document the dates in which you would like the disclosures, the Month and Year.

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 your request.*

From: _____ To: _____

## RESPONSE TIME

I understand the accounting I have requested 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 Legal Representative Date

Reason Patient Can't Sign, if applicable: _____

**FOR PRACTICE USE ONLY**

Date request received: _____ Date accounting sent: _____

Extension requested: ____ Yes ____ No

If yes, give reason: _____

Patient/Legal Representative notified in writing on this date: _____

Staff member processing request: _____