Date: [Insert Date]

To:
Privacy Officer
[Name of Facility/Organization]
[Address]
[City, State, Zip Code]

From:
[Your Full Name]
[Your Address]
[Your Date of Birth]
[Your Phone Number]

Subject: Formal Request for Accounting of Disclosures

Dear Privacy Officer,

I am writing to formally request an accounting of disclosures of my protected health information, as provided for under the HIPAA Privacy Rule (45 CFR $ 164.528).

Please provide a list of all disclosures made by your organization regarding my medical records for the following time period: from [Start Date] to [End Date].

I understand that this accounting must include:

- The date of the disclosure.
- The name and address (if known) of the entity or person who received my information.
- A brief description of the information disclosed.
- A brief statement of the purpose of the disclosure.

Please notify me in advance if there are any costs associated with fulfilling this request. I look forward to receiving this information within 60 days, as required by law.

Sincerely,

[Your Signature]

[Your Printed Name]