

Pathology & Cytology Laboratories
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Request for Accounting of Disclosures of Protected Health Information

As required by the Health Insurance Portability and Accountability Act of 1996 you have a right to request an accounting of disclosures of health information that pertains to you.

REQUEST SECTION

I, _____ (print name) hereby request an accounting of disclosures of my protected health information that have occurred over the last six (6) years.

Signature of Patient / Representative

Date