

**Central Carolina Surgery, P. A.  
1002 N. Church St., Suite 302  
Greensboro, NC 27401  
336 387-8100**

**REQUEST FOR ACCOUNTING OF PROTECTED HEALTH INFORMATION DISCLOSURES**

Consistent with federal regulations, we will provide you with an accounting of certain disclosures of your protected health information. You will not receive an accounting for the following:

- ❖ Disclosures covered by your consent to the use and disclosure of your protected health information for the purposes of treatment, payment or the day-to-day operation of the medical practice
- ❖ Disclosures to law enforcement or correctional institutions
- ❖ Disclosures that occurred prior to April 14, 2003, the effective date of the federal privacy rules
- ❖ Disclosures that occurred six or more years prior to the date of this request

**We will contact you when the information you have requested is available, generally within 60 days of your request.**

\_\_\_\_\_  
Name of Patient (print) SS# \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient Date \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street Address City \_\_\_\_\_ Zip \_\_\_\_\_