

**USE OFFICIAL COUNTY/FACILITY LETTERHEAD FOR OUTSIDE
CORRESPONDENCE**

LETTER RESPONDING TO REQUEST FOR ACCOUNTING OF DISCLOSURES

{Date}

{Patient's Name}

{Address}

Medical Record #: _____

Dear {Mr./Ms.}

Thank you for submitting your Request for Accounting of Disclosures.

We received your written request on _____.

Your request has been granted and the Accounting of Disclosures is enclosed.

The cost for this service is \$_____.

Note: You are entitled to one free Accounting of Disclosures in any twelve (12) month period. Fees will be charged for additional accountings within a twelve (12) month period.

Your request has been granted. You may pick up the Accounting of Disclosures on:

Date: _____

Time: _____

Location: _____

If you have any questions or need to reschedule, please contact us at {Phone Number}.

Thank you for providing us with this opportunity to serve you. We look forward to continuing to serve your health care needs.

Sincerely,

{Facility Representative}

{Program/Unit Manager}

{Facility Address}