



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
EL PASO

**Request for an Accounting of Certain Disclosures  
of Protected Health Information**

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

Patient Contact information:

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone number \_\_\_\_\_

I request and authorize Texas Tech University Health Sciences Center El Paso to provide me an accounting of disclosures of my protected health information for the period:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As a patient, you have the right to receive an accounting of certain non-routine disclosures of your protected health information made by TTUHSC El Paso. Please refer to our Notice of Privacy Practices for more information on the disclosure of protected health information. Your request must specify a period which may not exceed six (6) years and may not include dates before April 14, 2003. The first list you request in 12 months will be provided free of charge. For additional lists within the same 12-month period, you may incur costs for providing the list. You may withdraw or modify your requests to avoid being charged for the additional list.

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Patient/Other legally authorized person