

Internal Medicine of Ithaca, PC

Request for an Accounting of Certain Disclosures of Protected Health Information

As a patient, you have the right to receive an accounting of certain non-routine disclosures of your identifiable health information made by our practice. Your request must state a time period prior to the date of your request (not more than 6 years). The first list you request within a 12-month period will be provided free of charge. For additional lists during the same 12-month period, you may be charged for the costs of providing the list; however the practice will notify you of the cost involved and you may choose to withdraw or modify your request.

To request an accounting of disclosures made by the practice, you must submit your request in writing to Muhammad A. Wattoo, MD, FACP at 2359 N Triphammer road, Ithaca, NY 14850. 607-257-3452.

Patient Name: _____

Date of Birth: _____

Patient Address: _____

Signature of Patient or Legal Guardian Date

For internal use: