REQUEST FOR AN ACCOUNTING OF DISCLOSURES

As a patient of Advanced Practice Nursing Specialists provider, you may receive an accounting of disclosures of your health information for purposes other than treatment, payment for care, or administrative activities. To request such an accounting, you must complete this form and return it to the Office Manager at info@apnshealth.com.

This request applies only to the health care provider office that you indicate below. If you would like to receive an accounting from more than one office, you must complete a separate form for that office. There is no charge for a requested accounting in any 12-month period. However, you will be charged a reasonable fee based upon our costs for any subsequent request within the 12-month period.

Please provide the following information:

Patient Name: _____ Date of Birth:_____

Phone Number: _____Address: _____

Please specify the reason you are requesting an accounting of disclosures:

_____

Please specify the dates for which you are requesting the accounting. You may not request an accounting of disclosures made more than six years prior to the date of your request. Also, we will only provide disclosures occurring after the date of your last request for an accounting.

_____ _____
Signature Date

_____
Print Name

If completed by a patient representative or guardian:

_____ _____
Signature Date

_____ _____
Print Name Relationship to Patient

For Office Use Only

Date of receipt of request: _____ Action taken: _____

_____ _____
Signature Date

_____
Print Name

Updated June 2026

Advanced Practice
Nursing Specialists, LLC
9205 W Russell Rd Suite 305
Las Vegas, NV 89148

info@apnshealth.com
www.apnshealth.com