Client Name	SSAN	DOB
Ciletti Nattie	JOAN	000

This form is to be used whenever Private Health Information is disclosed for reasons other than treatment, billing, or collections.

Request Date	Request	Fulfilled Date

Update this form each time a request is made for private health information and keep it the client file. Each time the form is updated, make a copy and place it into a master file containing all requests for private health information.