



DEPARTMENT OF MENTAL HEALTH

Patient's Right Division
550 S. Vermont Ave., 5th Floor
Los Angeles, CA 90020

LETTER RESPONDING TO CLIENT'S REQUEST
FOR ACCOUNTING OF DISCLOSURES

{Mr./Ms./Mrs. Client's Name}
{Client's Address}
{City, State Zip Code}

Date of Birth: {Date}
MIS #: \_\_\_\_\_

{Date of Letter}

Dear {Mr./Ms./Mrs. Client's Name}:

Thank you for submitting your Request for Accounting of Disclosures. We received your written request, stamped on \_\_\_\_\_ for an accounting of disclosures of your protected health information. We have determined that:

- Three checkbox options: 1. We need additional time to process your request. 2. We have attached a copy of your Request for an Accounting of Disclosures Form with the areas marked that need further information. 3. You have already received one free accounting of disclosures within the last 12 months. An additional accounting will cost \$ \_\_\_\_\_. Please send a check for this amount, made payable to {Insert Name of Facility}, or bring it to the {Insert Name of Facility} at {Insert Facility Address}.

Please include this Response to Request for Accounting of Disclosures Form with your check.

Other:

Empty rectangular box for additional information.



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Thank you for providing us with this opportunity to serve you and improve the accuracy and completeness of your health information. We look forward to continuing to serve your healthcare needs.

Sincerely,

{Name}

Program / Unit Manager  
Department of Mental Health  
Los Angeles County