



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

Date of Birth:
MIS #:

Dear

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:

- We need additional time to process your request. We will send you an accounting of disclosures by _____.
- We have attached a copy of your Request for an Accounting of Disclosures Form with the areas marked that need further information for your request to be processed. Please complete the enclosed Form and return it to us for reconsideration.
- 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 _____, or bring it to the _____ at _____.

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

- Other:



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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,

Department of Mental Health
Los Angeles County