



5315 Avion Park Drive, Suite 120, Tampa, Florida 33607
Phone: 844-650-5802 Fax 844-277-0049

Request for an Accounting of Disclosures

Please complete the information below to request an Accounting of Disclosures of your Protected Health Information.

Patient Name	Date of Birth
Address	Telephone #

Please provide a date range for the Disclosures you want an accounting of. (You may go back up to six (6) Years)	
Start Date:	End Date

Patient/Personal Representative Signature	Date
Printed Name if Not the Patient	Relationship

When completed, please return to
IV Solutions RX
5315 Avion Park Drive Suite 120
Tampa, FL 33607
Email: info@ivsolutionsrx.com

Internal Use Only	
Received and Reviewed by (Print)	Date Received
Privacy Officer Signature	Date Provided to the Patient