



ACCOUNTING OF DISCLOSURES- EXTENSION NOTIFICATION

[Date]

[Patient Name]

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Request For Accounting of Disclosures

Dear [Patient Name]:

This letter responds to your request for an accounting of disclosures, which we received from you on _____.

We have been working hard to produce the accounting you have requested. We are usually able to provide an accounting of disclosures within 60 days. However, due to unusual difficulties retrieving the information for the accounting that you have requested, we need an additional 30 days to fulfill your request. We expect to have the accounting available for you no later than _____.

Please contact the Correspondence Unit in the Health Information Management Department of SUNY Downstate Medical Center University Hospital of Brooklyn at (718)270-1845 if you have questions or concerns about this delay.

Sincerely,

Correspondence Unit
Health Information Management Department