



## Pharmacy Form Accounting of Disclosures Request

### What is the Purpose of this Request?

You have the right to get a list of instances in which we (Wal-Mart, SAM'S Club, and Neighborhood Market Pharmacies, collectively "Pharmacy") have disclosed your health information. The list will not include certain disclosures including, but not limited to, those we have made for our treatment, payment, and health care operations purposes, those that are a result of another permissible use or disclosure, those made under an authorization provided by you, those made directly to you or to your family or friends, or for disaster relief purposes. The list also may not include disclosures we have made for national security purposes or to law enforcement personnel, or disclosures made before April 14, 2003.

### Section 1: Patient Information

Patient Name (last, first, middle initial):		Date of Birth (mm/dd/yyyy)	
Address:			
City:	State:	Zip:	Phone:

### Section 2: Information Requested

a. I would like an accounting of disclosures for the following time period: (not prior to April 14, 2003)
b. From the following facilities: (list Wal-Mart, SAM'S, or Neighbor Market, including city and state)

### Section 3: Signature and Date

Signature of Patient or Personal Representative	Today's Date
If you have signed this form as a legally authorized representative of the Patient, please print your name and relationship to the Patient below.	
Name of Personal Representative (please print)	Relationship to Patient (parent, legal guardian, etc.)

Please check (✓) this box if you would like to receive a copy of this form after you have signed it.

### For Office Use Only

Request Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		_____	_____
		Date	RPh Initials