



Request for an Accounting of Disclosure

Request for an accounting for disclosure to NDHIN, the NDHIN will submit such requests to the direct health care facility in which the patient received the care (i.e. in the hospital, clinic, or individual health care provider.) The request is for the individual specified below only.

Patient Information

Printed Name (Full Name, including Middle Name)		Date of Birth (m/d/yyyy)	
Mailing Address	City	State	ZIP Code
Email Address		Telephone Number	
Patient Signature		Date Range Requesting	