



Allegheeny County  
Department of Human Services  
One Smithfield Street  
Pittsburgh, PA 15222  
1-800-862-6783  
412-350-5891 (fax)

## Accounting of Disclosures Request Form

Date of request: \_\_\_\_\_

Client's name: \_\_\_\_\_

Client ID number (if known): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Address to send Accounting of Disclosures (if different than above):

\_\_\_\_\_

\_\_\_\_\_

### Dates requested:

I would like an accounting of all disclosures for the following time frame.

(Please note: The maximum time frame that can be requested is six years prior to the date of request. No accounting is available prior to April 14, 2003).

From: \_\_\_\_\_ To: \_\_\_\_\_

### Fees:

First request in a 12-month period: Free

I understand that the accounting included only legally mandated disclosures and will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

\_\_\_\_\_  
Signature of individual or personal representative

\_\_\_\_\_  
Date

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### FOR DEPARTMENT USE ONLY:

Date received: \_\_\_\_\_ Date sent: \_\_\_\_\_

Extension requested:  No  Yes Reason: \_\_\_\_\_

Client notified in writing on this date: \_\_\_\_\_

Staff member processing request: \_\_\_\_\_