

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
REQUEST FOR ACCOUNTING OF DISCLOSURES**

Date of Request: \_\_\_\_\_

Individual's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Recipient Social Security Number: \_\_\_\_\_

Individual's 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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual or Personal Representative      Date

\_\_\_\_\_

**FOR DEPARTMENT USE ONLY:**

Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Extension requested:  No  Yes, Reason:

\_\_\_\_\_

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

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