[Insert Letter Head]

**Request for AOD from Business Associate**

Dear [Insert Business Associate Name],

On [Insert date], we received a request from [Insert patient identifying info] for an accounting of disclosures (AOD) of [his or her] health information between [Insert dates requested]. As our Business Associate, please provide us with the following information related to this individual:

* Date of disclosure
* Name of person or organization receiving the information
* Address of person or individual receiving the information
* Description of information disclosed
* Purpose of disclosure.

If you have not made disclosures for this patient, please advise us of this. Please provide this information within 10 business days.

If you have any questions, please call [Insert Covered Entity contact name and phone number]. If you would like to review our Notice of Privacy Practices, please let the Privacy Officer know and one will be sent to you.

Sincerely,

[Insert Covered Entity contact name and information]