



**Extension—Request for Accounting of Disclosures  
Hillsborough County  
Extension of Time to Respond to an Individual's  
Request for an Accounting of Disclosures**

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**Directions:** This form is to be used to notify an individual that Hillsborough County may require an extension of time to respond to a request for access to protected health information (PHI). Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the patient's records.

Date: \_\_\_\_\_

Individual's full name: \_\_\_\_\_

Social Security No. or other patient identifier: \_\_\_\_\_

On \_\_\_\_\_ (insert date), you submitted a request for an accounting of disclosures of protected health information (PHI). Hillsborough County is not able to respond to your request within the 60-day period. As allowed by law, we are providing this written statement of our exercise of an extension of time to respond to your request. This extension allows Hillsborough County up to 30 additional days to respond to the request for an accounting of PHI disclosures.

Reason for delay: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date response will be provided: \_\_\_\_\_

Original signature of Hillsborough  
County Compliance Officer: \_\_\_\_\_

Date signed: \_\_\_\_\_