

EXHIBIT H
GUAM COMMUNITY HEALTH CENTERS
(NORTHERN AND SOUTHERN REGION COMMUNITY HEALTH CENTERS)

**REQUEST FOR AN ACCOUNTING OF CERTAIN DISCLOSURES OF
PROTECTED HEALTH INFORMATION FOR NON-TPO PURPOSES**

As a patient, you have the right to receive an accounting of certain non-routine disclosures of your health information made by the GCHCs. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be provided free of charge. However, if additional copies of the log of disclosures are requested, a fee of \$1.00 will be charged for every log sheet listing thereafter. You may choose to withdraw or modify your request.

To request an accounting of disclosures made by the GCHCs, you must submit your request in writing to **William Weare, M.D., Privacy Officer, 162 Abman Street, Inarajan, Guam, 96917 (671) 828-7519**.

Patient Name: _____

Date of Birth: _____

Patient Address: _____

Street

Apartment #

City, State, Zip

Signature of Patient or Legal Guardian

Date

**FOR INTERNAL PURPOSES
ONLY:**