

SAN FRANCISCO HEALTH SERVICE SYSTEM

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Please submit this form to:
Marina Coleridge, Privacy Officer
San Francisco Health Service System
1145 Market Street, 3rd Floor
San Francisco, CA 94103
(628) 652-4700

You may also direct any questions or obtain information from Marina Coleridge, Privacy Officer. See our Notice of Privacy Practices available online at sfhss.org. A printed copy is also available upon request from the San Francisco Health Service System.

For HSS Use Only:

Date received: _____ Received by: _____

Comments: _____

Action taken: _____

Staff Member Signature

Date