TREASURE VALLEY PEDIATRICS
NOTICE OF PRIVACY PROVISIONS
EXHIBIT C
List of Non-Routine Disclosures

Date of Report:_____

Patient Name:_____

DOB:_____

SSN#:_____

This list shows the releases of health care information regarding the above-named patient since the latter of the following: either April 13, 2003 or the six years prior to the date of the report.

Date Released	To Whom Released	Description of Information Released

_____ _____

Preparer Name Preparer Signature

_____

Date