



## ACCOUNTING OF DISCLOSURES

Patient's Name: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Date of Disclosure	Name of Entity or Person Receiving PHI and Address (if known)	Brief Description of PHI Disclosed	Brief Statement of Purpose

Disclosures for research purposes of more than 50 records are available from the health department privacy officer. These disclosures may include disclosure of your PHI.