

HEALTH INFORMATION DISCLOSURE TRACKING LOG

Client Name:

Client Identifier:

Date request received	Name of Requestor*	Address (if known)*	Authorization or written request type	Purpose of Disclosure*	Health information Disclosed*	Disclosed by	Date Disclosed*

* Fields required by HIPAA Privacy regulations. Fields can be used in a computerized record or tracking system.

Key:

Date request received: the date request is received to disclose or release information when applicable

Name of Requestor: name or entity or person requesting information to be disclosed or released

Address: if known, the address of the entity or person requesting information to be disclosed or released

Authorization or written request type: identify if there is a written request or authorization including court orders and subpoenas; If not, indicate how request was received

Purpose of Disclosure: brief description of the purpose of the disclosure to reasonably inform about the basis of the disclosure; if documented on authorization form or other document, state "See authorization/written request"

Health information Disclosed: brief description of actual information disclosed

Disclosed by: staff member processing the request and authorized to make the disclosure

Date disclosed: date the information was disclosed

REQUESTS FOR ACCOUNTING OF DISCLOSURES

Requested by Patient/Legal Representative	Date Requested	Date range requested	Staff completing request	Date Provided