**Yale University Form**
# Accounting of Disclosures Log

PATIENT NAME:_____
          LAST          FIRST          MI          MAIDEN OR OTHER NAME
DATE OF BIRTH:___-___-___ MEDICAL RECORD #:_____
          MO  DAY YR
ADDRESS:_____ _____CITY:_____STATE:____ZIP:_____

DAY PHONE:_____ _____ EVENING PHONE:_____

Use this log to record any disclosure of the patient's protected health information that is not for treatment, payment, or health care operations, or pursuant to the patient's Authorization or otherwise excepted from the patient's right to receive an Accounting (see Policy and Procedure on Accounting for Disclosures, 5003).

| Date of Disclosure | Name and Address to whom disclosed | Description of information disclosed | Purpose of disclosure |
|---|---|---|---|
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