Yale University School of Nursing 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