

Yale University School of Nursing Form
Accounting for Disclosures Response

Name of Patient _____
 Date of Patient Request _____
 Today's Date _____
 Disclosure Date Range From: _____ To: _____

- There were no applicable disclosures made of your health information for the period you specified.
- An extension is required to process your request.

Reason: _____
 Date Accounting will be provided to you by: _____

- Disclosures of your health information were made by this office to:

Date of Disclosure	Name and Address to Whom Disclosure Made	Description of Information Disclosed	Purpose of Disclosure

Multiple Disclosures to HHS or the same Person or Entity for a Single Purpose:

Name and Address of the Organization or Person to whom First Disclosure was Made

Brief Description of PHI Disclosed

Purpose of the Disclosure

Date of First Disclosure

Frequency, Periodicity or Number of Subsequent Disclosures

Date of Last Disclosure

Disclosures of PHI of Fifty (50) or More Individuals for a Particular Research Purpose

NOTE: Your PHI may or may not have been disclosed for a particular research protocol or activity. If it is reasonably likely that your PHI was disclosed for the research protocol or activity, Yale will, at your request, assist in contacting the research sponsor and the researcher.¹

Name of the Protocol or other Research Activity	
Description and Purpose of the Protocol or Research Activity	
Criteria for Selection of Certain Records	
Description of PHI Disclosed	
Date of First Disclosure	
Date(s) or Period of Time of Subsequent Disclosures	
Date of Last Disclosure	

	Research Sponsor	Researcher
Name		
Address		
Telephone		

If you have any questions concerning this accounting for disclosures, please contact:

Yale School of Nursing Office of Clinical Affairs
 100 Church St. South P.O. Box 9740
 New Haven, CT 06536-9740
 203-737-5700

PRINT NAME of Privacy Official: _____

SIGNED: _____ Date Mailed: _____

For Office Use Only:

Type of Request	Processed Date	Fee Collected	Initials
Initial		n/a	
Subsequent within 12 months			
Subsequent within 12 months			
