

Health Care Component: _____
Unit Privacy Officer: _____

Patient Record of Disclosures

Instructions: Please print the form.

Name: _____	Date: ____ / ____ / ____
Address: _____	Patient's Social Security Number: _____
City, State, Zip: _____	Date of Birth: ____ / ____ / ____
Phone: _____	

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of and requests for Personal Health Information (PHI) to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

Note: In an emergency, uses and disclosures may be permitted without prior consent. Disclosures for treatment, payment or care given by this or another healthcare facility do not need to be logged. Disclosures that must be logged include: Judicial/Law Enforcement, Public Health, Funeral Director, Public Safety, etc.

Date	Disclosed to Whom: Address or Fax Number	Description of Disclosure / Purpose of Disclosure	By Whom Disclosed

A copy of this form will be filed in the above-named patient's PHI.