Implemented 04/14/03

Patient Name:									
Date Received	Name of Requestor	Address of Requestor (if known)	Purpose of Disclosure *	PHI/Information Disclosed	Date Disclosed	Disclosed By:			

(Use the above chart to record those disclosures that were made without an Authorization and for the purposes stated below).

* Purposes for disclosures to be documented in the above chart:

- 1. As required by law
- 2. For public health activities
- 3. About victims of abuse, neglect, or domestic abuse
- 4. For health oversight activities
- 5. For organ & tissue donation
- 6. For judicial or administrative proceedings
- 7. For law enforcement purposes
- 8. For research purposes
- 9. For workers' compensation
- 10. To prevent a serious threat to health and safety
- 11. To coroners, medical examiners or funeral directors.
- 12. To business associates
- 13. For specialized government functions
- 14. To the Food & Drug Administration
- 15. See authorization or consent in file
- 16. Documentation of Intercept, wherein LFR did not transfer

Implemented 04/14/03

Form D

REQUEST FOR ACCOUNTING OF DISCLOSURES TRACKING LOG									
Requested By (Individual/Legal Representative	Date Requested:	Date Range Of Request	Staff Member Completing Request	Date Provided:					

(Use the above chart to document accounting requested when a copy of the disclosure tracking log is provided to the individual/patient requesting an accounting).