

Attachment A: Accounting of Disclosures of Protected Health Information

Name and Address of Facility Making Disclosure:					
Patient Name:		<input type="checkbox"/> Medical Record Number:		<input type="checkbox"/> Billing Number:	
Accounting Period = From Date:		To Date:		Request Date:	Accounting Date:
Date of Disclosure	Name of Person or Entity Receiving PHI	Brief Description of PHI Disclosed	Brief Statement of Purpose of Disclosure	Copy of Written Request Attached?	Multiple Disclosures to Same Person or Entity During Period Covered?
					<input type="checkbox"/> Yes , describe frequency, periodicity, or # of disclosures: Date of last disclosure in period:
					<input type="checkbox"/> Yes , describe frequency, periodicity, or # of disclosures: Date of last disclosure in period: Date of last disclosure in period: