

## Attachment B: Accounting of Disclosures of Protected Health Information For Research

<b>Name and Address of Facility Making Disclosure:</b>			
Patient Name:	<input type="checkbox"/> <b>Medical Record Number:</b>	<input type="checkbox"/> <b>Billing Number:</b>	
Accounting Period = From Date:	To Date:	Request Date:	Accounting Date:
<p><b>During the accounting period listed above, the facility participated in Institutional Review Board or Privacy Board approved research activities where the protected health information of 50 or more patients was disclosed to another entity or researcher. Information about the research activity is listed below. Your PHI may or may not have been included in the research activity. If you need assistance in contacting the entity that sponsored the research and the researcher(s), please contact the IRB.</b></p>			
<b>Name of Protocol or Research Activity</b>			
<b>Description of the Protocol or Research Activity; Purpose of the Research; and Criteria for Selecting Records</b>	<b>Description and Purpose:</b>	<b>Criteria:</b>	
<b>Brief Description of the Type of PHI Disclosed</b>			
<b>Date or Period of Time Disclosures Occurred, Including Date of Last Disclosure</b>	<b>Date or Period of Disclosures:</b>	<b>Date of Last Disclosure:</b>	
<b>Name, Address, Telephone Number of Research Sponsor to Whom PHI was Disclosed</b>	<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Name, Address, Telephone Number of Research Sponsor to Whom PHI was Disclosed</b>	<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Name, Address, Telephone Number of Research Researcher to Whom PHI was Disclosed</b>	<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Name, Address, Telephone Number of Researcher to Whom PHI was Disclosed</b>	<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>