Advocacy & Resource Center
SDS Staff
HIPAA Disclosure Accounting Form

Individual's name: _____

Date of disclosure: _____

Name of Person / Entity information was disclosed to: _____

If known address of person/entity information was disclosed to: _____

_____

Description of information disclosed: _____

Purpose of disclosure: _____

This form must be submitted to the HIPAA privacy officer, Michelle Tallman, at the Administration Offices, within one business day after the disclosure of Protected Health Information, PHI, has been made.

Staff person who disclosed the information: _____

Staff person completing this form: _____

Work location of person submitting this form: _____