

PHI Disclosure to be Included in Client's Accounting

If this disclosure was made:

1. To the client or their personal representative;
2. To carry out our treatment, payment or operational activities;
3. For facility directory purposes, to discuss their healthcare with a family member or other individual involved in their care, or for other permitted notification purposes;
4. For national security or intelligence purposes; or
5. To a correctional institution or to law enforcement and the client is currently an inmate;
6. Incident to a use or disclosure that is otherwise permitted;
7. Pursuant to an authorization;
8. As part of a limited data set;
9. Prior to April 14, 2003

STOP – DO NOT COMPLETE THIS FORM!

For all other disclosures:

Date of disclosure: _____ Staff ID Number: _____

Name of person and organization receiving disclosure:

Address of person/organization receiving this disclosure:

Description of what information was disclosed:

Brief statement of purpose of disclosure:

Signature of staff person making disclosure: _____

Date of Disclosure: _____