Accounting of Disclosures
Hillsborough County
Accounting of Disclosures of Protected Health Information

Individual Name: _____ ___ _____ _____
First MI Last Suffix

Date: _____

1.	*Date of Disclosure:*	-Enter date-	*Name of Organization or Person Receiving PHI and Address if Known:*	-Enter name and address-
	Brief Description of PHI:	-Enter description-	*Purpose of Disclosure (if you are attaching the Written Request, this is not necessary):*	-Enter purpose-
2.	*Date of Disclosure:*	-Enter date-	*Name of Organization or Person Receiving PHI and Address if Known:*	-Enter name and address-
	Brief Description of PHI:	-Enter description-	*Purpose of Disclosure (if you are attaching the Written Request, this is not necessary):*	-Enter purpose-
3.	*Date of Disclosure:*	-Enter date-	*Name of Organization or Person Receiving PHI and Address if Known:*	-Enter name and address-
	Brief Description of PHI:	-Enter description-	*Purpose of Disclosure (if you are attaching the Written Request, this is not necessary):*	-Enter purpose-
4.	*Date of Disclosure:*	-Enter date-	*Name of Organization or Person Receiving PHI and Address if Known:*	-Enter name and address-
	Brief Description of PHI:	-Enter description-	*Purpose of Disclosure (if you are attaching the Written Request, this is not necessary):*	-Enter purpose-
5.	*Date of Disclosure:*	-Enter date-	*Name of Organization or Person Receiving PHI and Address if Known:*	-Enter name and address-
	Brief Description of PHI:	-Enter description-	*Purpose of Disclosure (if you are attaching the Written Request, this is not necessary):*	-Enter purpose-

Use additional pages if necessary.

For internal use only:

Date Received: _____

Recipient: _____