

**Accounting of Disclosures of Protected Health Information**

**Patient Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_ **Date:** \_\_\_\_\_

There are some situations in which [insert physician/organization name] is required or permitted by law to disclose your health information to persons outside of our office. In response to your request, we are providing you with this accounting of disclosures we have made of your information.

- We have made no disclosures of your health information that require an accounting.
- We have made the following disclosures:

Disclosure Date	Recipient Name	Recipient Address	Description of PHI Disclosed	Purpose of Disclosure	Frequency of Disclosure/Date of Last Disclosure

This accounting does not include disclosures we have made to carry out treatment, payment or health care operations or disclosures you have specifically authorized. It also does not include any disclosures the law exempts from our accounting requirements.

If you have questions about this accounting, please contact [insert name and title of contact person] at [insert phone number].

***THIS DOCUMENT SHOULD BE CONSIDERED ONE EXAMPLE OF HOW AN ORGANIZATION CAN START THEIR COMPLIANCE EFFORTS- IT IS INTENDED TO BE USED SOLELY AS A VEHICLE FOR DISCUSSION TO HELP COMPANIES DEVELOP THEIR OWN COMPLIANCE MATERIAL. THIS DOCUMENT IS PROVIDED AS GENERAL GUIDANCE AND DOES NOT CONSTITUTE LEGAL ADVICE. COMPANIES SHOULD CONTACT THEIR OWN LEGAL COUNSEL TO TAILOR THE DOCUMENT TO MEET THEIR SPECIFIC NEEDS.***