



# University of Connecticut Health Center

Farmington, CT 06030

HCH- 1355 EFF – 04/14/03

Patient ID
MRN:
NAME:

## PROTECTED HEALTH INFORMATION DISCLOSURE TRACKING LOG

Date Disclosure Made	Name of Person or entity to whom PHI Disclosed	Address (If Known)	Purpose of Disclosure	Brief Description of Protected Health Information Disclosed	Disclosed By:	(First or Only) Date Disclosed	Repeat Disclosures for Same Purpose *	
							Frequency or Number of Disclosures	Last Date Disclosed

\* For disclosures made many times for the same purpose to the same person or entity, the accounting must include the frequency or number of disclosures noting the first and last dates.