PURDUE UNIVERSITY
RECORD OF DISCLOSURE

Disclosed by (covered entity): _____

Patient's Name: _____ Date of Birth: _____

Patient's Address (street): _____

(City, State, Zip Code): _____

Patient's I.D.#: _____ Phone #: _____

Name and Address of Entity(s) Who Received Information:

_____

_____

_____

_____

Description of Health Info Shared: _____

_____

Private Health Information was disclosed for the following reason or purpose:

- ☐ Required by law
- ☐ Required for public health activities
- ☐ For health oversight activities
- ☐ Reports of abuse
- ☐ For judicial and administrative proceedings (i.e., Subpoenas, court orders)
- ☐ For law enforcement purposes
- ☐ To the coroner
- ☐ For research (except where authorized or pursuant to a limited Data Set Agreement)
- ☐ To avert a threat of serious injury
- ☐
- ☐ Other: _____

Date(s) of Disclosure: _____ _____ _____

_____ _____ _____

_____ _____ _____

Note: Accounting on this form is not required for the following disclosures:

- Used or disclosed to provide patient care, payment for services or healthcare operations.
- Provided to the patient directly.
- Released subsequent to the patient's written authorization to do so.
- Provided to authorized employees responsible for the patient's care.
- Provided to national security or intelligence.
- Provided to correctional facilities or law enforcement officials who have custody of an individual and who need the information to protect the health of the institution.
- Used or disclosed prior to the date of compliance to this policy (April 14, 2003).