

**PURDUE UNIVERSITY  
RECORD OF DISCLOSURE**

Disclosed by (covered entity): Purdue University Student Health Center

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Address (street): \_\_\_\_\_

(City, State, Zip Code): \_\_\_\_\_

Patient's I.D.#: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Indiana Department of Health-HIV—STD'S  
P.O. Box 6046  
Indianapolis, Indiana 46209-9813

Tippecanoe County Health Department  
629 N. 6<sup>th</sup> Street  
Lafayette, Indiana 47901

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Description of Health Info Shared: **Positive chlamydia test result.**

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

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

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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 for national security or intelligence purposes.
- 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.