DOCUMENTATION OF DISCLOSURES
INDIVIDUAL PROTECTED HEALTH INFORMATION

Person Supported Name and Address: _____

_____

_____

_____

Case Number: _____

Date of Disclosure: _____

Name of Person/Entity
Receiving the Disclosure: _____

Address of Person/Entity
(If known): _____

_____

_____

_____

Brief Description of the
Information Disclosed: _____

_____

_____

_____

Brief Statement of the
Purpose of the Disclosure: _____

_____

_____

_____

Or, in lieu of the statement of purpose, a copy of a written request for the disclosure is attached.

_____ _____

Corporate Compliance Officer Date