CVH-532 New 4/03

CONNECTICUT VALLEY HOSPITAL

ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION LOG (Side 1)

Patient Name	N	1PI #				
Instructions: Record below all disclosures of PHI to include the date of the disclosure, name of the entity or person who received the PHI, the address of such entity or person if known, a brief description of the PHI disclosed, a brief statement of the purpose of the disclosure, and the name and title of the staff providing the disclosure.						
Includes disclosures for:	Public Health Activities and Purposes (i.e., Infection Control, Mandatory Reporting) Health Oversight Activities (i.e., CMS, DPH, P&A) Judicial or Administrative Proceedings (i.e., court re Deceased Individuals		Treatment Payment Health Care Operations 10.17 for more exclusions)			

Date	Person or Entity Address (if known)	Brief Description of PHI Disclosed	Purpose of the Disclosure	Staff Name/Title	Date of MRIT Entry
Date	Address (tj known)	Brief Description of 1 III Disclosed	Turpose of the Disclosure	Stair Name/Title	WIKIT Entry

ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION LOG (Side 2)

Date	Person or Entity Address (if known)	Brief Description of PHI Disclosed	Purpose of the Disclosure	Staff Name/Title	Date of MRIT Entry
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