UNIVERSITY OF SOUTHERN CALIFORNIA
ACCOUNTING OF DISCLOSURES TRACKING LOG

Patient Name: _________________________________ Date of Birth: _________________

Date that Request for Accounting Form provided to patient (if applicable): _______________
Note: Request must be on USC's Request For Accounting Form.

Date Request for Accounting Form Received: _______________________________________

Requested Dates of Disclosure: From ________________ to __________________________

Name of Requestor if Other than Patient: ____

Conformed Patient Personal Representative Status by: _______________________________

____

Address to which Accounting of Disclosures should be mailed:

____

Extension Requested: _________ Yes __________ No ___________________Reason

Patient Notified in Writing of Extension on: ____

Attach a copy of the Accounting of Disclosures sent to the requestor. This accounting is to include the following: (sample format attached)

(1) Date of PHI Disclosure
(2) Name of Individual or Entity Receiving Disclosure and address, if known
(3) Brief Description of the PHI Disclosed
(4) Brief Statement of the Purpose of the Disclosure (e.g., Research, Response to Subpoena, etc.)

________________________________ ___________________________
Individual Completing Request Date of Completion

Date:

To:

From: HIM or Department Clinic Manager

The following responds to your request for an accounting of accountable disclosures of Protected Health Information on behalf of ____________________ *[patient]*. This information is provided in accordance with federal regulations and University policy. Please contact __________________ *[HIM or Department Clinic Manager]* if you have any questions.

Date of Disclosure	***Name of Individual/Entity Receiving Information and Address, if known***	***Description of Information Disclosed***	***Purpose of Information Disclosed***