

**Department of Social Services
PHI Disclosure Tracking Log**

INFORMATION REGARDING INDIVIDUAL WHO IS SUBJECT OF DISCLOSURE

Individual Name:		Social Security No.	
Street Address:		Birth Date:	
City/State/Zip:		Other Identifier (e.g., DCN)	

Details Regarding Information Disclosed

Specify Information Disclosed:

- Claims Information
- Entire Record
- Medical Diagnosis
- Other _____

Dates Covered in Disclosure: From: To:

Legal authority under which information was disclosed to the Agency/Company/Individual:

- To a public health authority
- To the Food and Drug Administration
- To health oversight agencies
- For judicial and administrative proceedings
- To law enforcement officials
- Other _____

Purpose of Disclosure Request:

- At request of the individual or individual's personal representative
- Other _____

Circle format in which it was disclosed: Paper Computer Disk Microfiche Fax _____ (fax number)
 Other _____

Date information was disclosed _____

Information Regarding Agency/Individual To Whom Information Was Disclosed

Name of Agency/Company/Individual: _____

Name of Individual to Whom it was Disclosed: _____

Title/Position of Individual: _____

Contact Name: _____

Address: _____

Phone Number: _____

Details Regarding Employee that Disclosed Information

Employee Name	Division	County/Location
Telephone Number	Social Security Number	User ID